## Karnataka Uttara Kannada

Rapid Household Survey - RCH Project Phase-II 1999

SPONSORED BY MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA
NEW DELHI

POPULATION RESEARCH CENTRE. TINSTITUTE FOR SOCIAL AND ECONOMIC CHANGE NAGARABHAVI, BANGALORE 560 072

Community Health Cell
Library and Documentation Unit
367, "Srinivasa Nilaya"
Jakkasandra 1st Main,
1st Block, Koramangala

## Karnataka Uttara Kannada

Rapid Household Survey - RCH Project Phase-II 1999

SORED BY MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA
NEW DELHI

POPULATION RESEARCH CENTRE...
INSTITUTE FOR SOCIAL AND ECONOMIC CHANGE
NAGARABHAVI, BANGALORE 560 072



### STUDY TEAM

RAMESH KANBARGI R MUTHURAYAPPA T N BHAT K N M RAJU

Population Research Centre
Institute for Social and Economic ChangeBangalore 560 072

DEM-100 06417 1199

### CONTENTS

		Page No.
Preface		v-vii
Acronyms		viii
	S	ix-xii
Key Indicators	for Uttara Kannada District in Karnataka S	xiii-xviii
CHAPTER 1	INTRODUCTION	
	1.1 Background and Objectives of the Survey	1
	1.2 District Profile	1
Table 1.1	Basic Demographic Indicators for Uttara Kannada and	
	Karnataka-1991 Census	2
	1.3 Survey design and sample size	3
	1.4 House-listing	3
	1.5 Questionnaires	4
	1.6 Recruitment, Training and Fieldwork	5
	1.7 Data Processing and Tabulation	6
	1.8 Data quality	6
	1.9 Field constraints	7
	1.10 Standard of Living Index (SLI)	7
Table 1.7	Sample Results of Households. Males and	
	Eligible Women, Uttara Kannada district, Karnataka, 1999	9
CHAPTER 2	HOUSEHOLD CHARACTERISTICS	
	2.1 General Characteristics	10
	2.2 Marriages, Births, Infant Deaths and Morbidity	11
Table 2.1	General Characteristics of Households Surveyed	
	in Uttara Kannada district, Karnataka State	12
Table 2.2	Marriages, Births, Mortality and Morbidity in	
2 2010 212	Uttara Kannada District, Karnataka State	13

CHAPTER 3	CHARACTERISTICS OF THE WOMEN AND FERTILITY	
	3.1 Characteristics of Currently Married Women	14
	3.2 Outcome of the Pregnancy	14
	3.3 Children Ever Born and Living	14
Table 3.1	Percentage Distribution of Currently Married Women	
	Aged 15-44 years by Selected Characteristics in Uftara Kannada dis	trict
	in Karnataka State	15
Table 3.2	Outcome of the Pregnancy	16
Table 3.3	Fertility	17
, ,	The state of the s	
CHAPTER 4	UTILIZATION OF MATERNAL AND CHILD HEALTH	
	SERVICES	
	4.1 Maternal Services	18
	a. Ante-Natal Care	18
	b. Type and Sources of Ante-Natal Care	18
	c. Reasons for Not seeking Ante-Natal Care Services	18
	d. Pregnancy Complications and Treatment	18
	e. Natal Care	19
	f. Post-Natal Care	19
	4.2 Child care	19
	a. Birth Weight of New Born Babies	19
	b. Immunization of Children	19
	c. Source of Immunisation	20
	d. Reasons for Not Immunising the Child	20
	e. Breast-feeding and Weaning Practices	20
Table 4.1	f. Awareness and Treatment about Diarrhoea and Pneumonia	20
Table 4.1	Ante-natal Care	21
Table 4.2	Type of Antenatal Care (ANC)	22
Figure 4.1 Figure 4.2	Number and Timing of Antenatal Visits	23
1 1gute 4.2	Per cent of Women who Received Full ANC	
Table 4.3	by background Characteristics	23
Table 4.4	Reasons for No ANC	24
Figure 4.3	regulately Complications	25
Table 4.5	Type of Complications during Pregnancy	26
Table 4.6	Denvely Characteristics	27
1.0	Delivery and Post-Delivery Complications	-/

Plane 1 1	Type of Delivery Complications	
Figure 4.4	Type of Delivery Complications	29
Figure 4.5	Type of Post-Delivery Complications	29
Table 4.7	Vaccination of Children	30
Figure 4.6	Per cent of Fully Immunized Children Aged 12-36 Months	31
Table 4.8	Source of Immunization	32
Table 4.9	Reasons for not giving Immunization	33
Table 4.10	Breast-feeding and Child Nutrition	34
Table 4.11	Awareness of Diarrhoea and Pneumonia	35
Figure 4.7	Type of Treatment Given to Children with Diarrhoea	36
CHAPTER 5	FAMILY PLANNING	
	5.1 Knowledge of Contraceptive Methods	37
	5.2 Current Use of Contraception	37
	5.3 Source of Motivation and Supply for Modern Methods of	
	Contraception	37
	5.4 Side Effects of Contraception and Satisfaction with	
	Current Use	38
Delicine History	5.5 Reasons for Discontinuation of use and Current Non-Use	
	of Contraception	38
1-11-50	5.6 Advice on contraception and intention to Use in	
	Future	38
	5.7 Unmet Need	38
	5.8 Male's Choice of Family Planning Methods	39
Table 5.1	Knowledge of Contraceptive Methods	40
Figure 5.1	Method of Contraception Currently Used in Uttara Kannada, 1999	41
Table 5.2	Current Use of Contraception	42
Table 5.3	Contraceptive Prevalence Rate by Selected Characteristics	43
Table 5.4	Source of Motivation and Supply for Modern	
	Methods of Contraception	44
Table 5.5	Health Problem and Satisfaction with Current Use	45
Table 5.6	Reason for Discontinuation of Use and Non Use	46
Table 5.7	Advice on Contraceptive Use and Future Intention to Use	47
Table 5.8	Unmet Need	48
Table 5.9	Maies Choice of Family Planning Methods	
	For limiting in Uttara Kannada district in Karnataka State	49

CHAPTER 6	ACCESSIBILTY AND PERCEPTION ABOUT	
	GOVERNMENT HEALTH SERVICES	
	6.1 Home Visits by Health Workers	5
	6.2 Client's Perception of Quality of Government Health	
	Services	5
	6.3 Peasons for not visiting Health Centre	5
Table 6.1	Home Visits by Health Workers	5
Table 6.2	Quality of Government Health Services & Client Satisfaction	5
Table 6.3	Reasons for Not visiting Health Centre	5.
CHAPTER 7	REPRODUCTIVE HEALTH	
	7.1 Awareness about RTI/STI and HIV (AIDS)	55
	7.2 Prevalence of RTI (Self - Reported System)	56
Table 7.1	Knowledge of Reproductive Tract Infections	57
Table 7.2	Knowledge of Sexually Transmitted Infections	58
Table 7.3	Awareness of HIV (AIDS)	59
Table 7.4	Prevalence of RTI (Self Reported Symptoms)	50

ANNEXURE 1 List of PSUs (Villages/Urban Wards)

ANNEXURE 2 RCH questionnaires (Household and Women)

## Preface and Acknowledgments

The Reproductive and Child Health interventions being implemented by Government of India are expected to provide quality services and achieve multiple objectives. There has been a positive paradigm shift from Method-Mix-Target based activity to Client-Centered-Demand Driven quality services. The Government of India desires to re-orient the programme and strengthen the services at the out-reach level. The new approach requires decentralization of planning, monitoring and evaluation of the services at the basic nucleus level which is district.

Keeping in view these objectives, Government of India (GOI) desired to generate district level data on utilization of the services provided by the Government health facilities and people's perception on quality of these services. In order to achieve this goal, GOI decided to undertake Rapid Household Survey (RHS) in all the districts in the country, so that the progress of RCH programme can be monitored. Approximately 50 per cent of the districts are covered in the second year of the project (1999). The survey was conducted by various Regional Agencies (RAs) and coordinated by the International Institute for Population Sciences (IIPS), Mumbai. The financial assistance for RHS was provided by the World Bank. The Population Research Centre of ISEC has been entrusted with the task of carrying out the Rapid Houshold Survey in the states of Karnataka, Kerala and Goa.

The data were collected by using uniform questionnaires, sample designs and field procedures. The survey thus, provided comparable data for all the districts (covered in a year) of the country. Rapid Household Survey (RHS) is the first of its kind in the country ever conducted to generate basic data at the level of a district. In a district, 1100 Households and all eligible women (15-44 years) available in the Households were covered.

We do hope and believe that the data generated through the survey will meet the requirements of the Programme Administrators and the Policy Makers for making effective interventions for providing quality services and achieving multiple objectives.

The RHS could not have been successfully completed without cooperation and support from innumerable sources at various stages of the project. Although, it is not

possible to acknowledge everyone involved in the survey, several organizations and individuals deserve special mention.

The first and the foremost organization to whom we wish to express our thanks is the Union Ministry of Health and Family Welfare (MoHFW) for giving us an opportunity to work for a project of national importance. Our special thanks are due to Shri Y.N. Chaturvedi, former Secretary and Shri A. R. Nanda Secretary (Family Welfare) for their timely initiative, advice and valuable support to the project. We are also thankful to Shri P.K.Saha, Chief Director and Shri K. V. Rao, Director of MoHFW and Dr. Padam Singh Addl. DDG of ICMR for their contributions. We are also thankful to Rail India Technical and Economic Services Ltd.

Our thanks are also due to the Director of Census Operations. Karnataka and the Office of the Registrar General at the Centre and to the Department of Health and Famil Welfare Services of Karnataka state.

Our special thanks are due to Dr. Nirmala Murthy. Consultant, the World Bank. for her able guidance and technical support to the project.

The International Institute for Population Sciences (IPS), Mumbai provided valuable guidance and strong support to the survey which is gratefully acknowledged. Our special thanks are to Prof. T.K. Roy, Director. for his timely advice and valuable guidance. We also acknowledge the contributions of Prof. F. Ram. Dr.D. Radha Devi and Dr. Sulabh Parasuraman. Coordinators of the Project at IIPS. Our thanks are also to Prof. Sumar Kulkarni, ex-Officiating Director for her timely advice and valuable guidance. Also our special thanks and gratitude to Prof. K.B. Pathak, ex-Director, IIPS and presently consultant RCH Project. for supervising the task of the survey from the beginning of the project.

Survey was conducted in collaboration with Population Research Centre. Dharwac Dr. T R Rajaratnam and Ms R Rajeswari took the responsibility of coordinating an supervising the field operations. I am grateful to Dr B R Ramesh, Director of PRC, Dharwa and his colleagues. Training the field staff was undertaken by Dr. Ramesh Kanbargi and M T N Bhat of Population

We would like to express our sincere thanks to our former Director Dr. P.V.Shenon and his successor Dr. M.Govinda Rao for their valuable advice and co-operation in carrying out Rapid Household Surveys in all the three states. Thanks are also due to Prof. P.H. Rayappa. Chief Technical Advisor. RCH Project at ISEC for going through the draft reports. We acknowledge the co-operation received from the Registrar Dr. M.Venkata Reddy and his staff. Accounts Officer Mr. R.Narayanan and his staff, and Estate and Transport-in-charge Mr. B.S.Krishna Murthy at the Institute for Social and Economic Change. We express our appreciation for the effort made by the houselisting teams, interviewers, supervisors, editors, data entry operators in carrying out this task. The data analysis was undertaken by Dr. M.N. Shiva kumar, Research Officer and Mr. P. Prabhuswamy of Population Research Centre. We are thankful to all the respondents in all the three states for sparing their valuable time and for giving us the required information with patience.

We do hope that the Ministry of Health and Family Welfare. Government of India. will find the results of the Survey useful in achieving the set objectives of the Rapid Household Survey. Round the clock efforts of my colleagues at the Population Research Centre, will be truly rewarded if the project is able to effectively highlight/reflect the Reproductive and Child Health needs of the community.

K N M RAJU
Professor and Head, PRC
Project Director, RCH
Institute for Social and Economic Change
Bangalore 560 072

January-2000

### ACRONYMS

AIDS	: Acquired Immuno Deficiency Syndrome	
ANC	: Ante-natal Care	
ANM	: Auxiliary Nurse Midwife	
ARI	: Acute Respiratory Infections	
AWW	: Anganwadi Worker	
BCG	: Bacillus Calmatte Guerin	
CBR	: Crude Birth Rate	
CEB	: Census Enumeration Block	
CHC	: Community Health Centre	
CMW	: Currently Married Women	
CPR	: Contraceptive Prevalence Rate	
CPD	: Centre for Population Dynamics	
DPT	: Diphtheria, Pertussis and Tetanus	
EW.	: Eligible Women	
FP	: Family Planning	
GMFR	: General Marital Fertility Rate	
GOK	: Government of Karnataka	
HIV		
LHV	: Human Immuno Deficiency Virus	
IFA	: Lady Health Visitor	
IIPS	Iron and Folic Acid	
IMR	International Institute for Population Science	<b>es</b>
ISEC *	Infant Mortality Rate	
JPHN	Institute for Social and Economic Change	
MCH	Junior Public Health Nurse	
MoHFW	Maternal and Child Health	4
MMR	Ministry of Health and Family Welfare	
MTP	: Maternal Mortality Rate	
OBC	: Medical Termination of Pregnancy	
	Other Backward Castes	
ORS ·	Oral Rehydration salt	
ORT	Oral Rehydration Therapy	
PHC	Primary Health Centre	
PSU	Primary Sampling Unit	
PPS	Probability Proportional to Size	
RHS	Rapid Household Survey	
RCH :	Reproductive and Child Health	
RTI	Reproductive Tract Infections	
SC	Scheduled Castes	
Sc	Sub-centre Sub-centre	
ST	Scheduled Tribes	
STI	Sexually Transmitted Infections	
TB	- Tuberculosis	
TFR	Total Fertility Rate	
TT	Tetanus Toxoid	

### SALIENT FINDINGS

## Survey in Uttara Kannada district

population of the district was 1220 thousand in 1991 with an annual growth rate of 1.3 per cent during 1981-91. Nearly one fourth of total population were resident in urban areas. Percentage of population belonging to scheduled castes and scheduled tribes was relatively low at 8 per cent.

The RCH survey covered 1080 households identifying 895 eligible women out of whom 731 have been interviewed. Twenty per cent of the respondents were urban. 86 per cent of them belonged to Hindu religion, 10 per cent to scheduled castes and scheduled tribes and 66 per cent literate. Among the literates, 23 per cent had completed 10 or more years of schooling.

### Marriage

And per cent of poys getting married at age less than 21 years was low at 3.3 per cent and girls getting married at age less than 18 years was 15 per cent.

### Fertility

The estimated Crude Birth Rate (CBR) in the district has been 19.5 – 20.3 rural and 16.5 in urban. Per cent of third or higher order births reported stood at 2 Mean number of children ever born to women age 40-44 was 3.5.

### Mortality and Morbidity

A smaller number of infant deaths (6 in number) were reported in the district during January 1996 and December 1997. Similarly, very few cases of Malaria and Tuberculos were reported (one and five, respectively).

### Knowledge and use of Family Planning

Knowledge about any modern method of contraception is universal and high for modern spacing methods at 85 per cent. Two-thirds of currently married women wer currently practicing contraception. Adoption of methods other than female sterlisation was also better. 18 per cent of adopters in rural areas and 26 per cent adopters in urban areas were in this category. The unmet need for family planning was estimated at 10.6 – 5.7 for limiting and 4.8 for spacing.

### Maternal Health Care

Provision of antenatal services was better as nearly two-third of pregnant women had received 3 check-ups, 2 TT and IFA tablets, mostly in rural areas. Over three-fourth deliveries were conducted in institutions and total safe deliveries accounted for 86 per cent. Two-third women had their child weighed within two days after birth. However, per cent of women reporting their child to be anaemic was as high as 24 per cent.

#### Child Health Care

Over half of children age 0-4 months were exclusively breast-fed and 46 per cent had received colostrum. Immunization coverage of children against six childhood diseases was as high as 90 per cent (BCG, 3DPT, 3 Polio and Measles).

### Reproductive Morbidity

Per cent of women reporting abortion complications, pregnancy complications and delivery complications was 43.38 and 17, respectively. Fewer women had reported complication due to the use of contraception – (less than 11 per cent). The reporting of Perroductive Tract Infection (RTI) was to the extent of 14 per cent. Nearly half of them were aware of pregnancy complications. Treatment to be followed in case of diarrhoea and pneumonia was known to 63 per cent and 28 per cent, respectively.

### Knowledge of RTI / STI / HIV (AIDS)

Knowledge about Reproductive Tract Infection (RTI) and Sexually Transmitted infection (STI) was less at 21 per cent, and 14 per cent, respectively. However awareness about HIV (AIDS) was high at 70 per cent – 68 per cent in rural and 82 per cent in urban.

### Visit by Health Workers

Close to 80 per cent of rural households were visited by health workers/ANM durin 3 months prior to survey.

## Utilization of Government Health Facility

As expected immunization services and contraceptive services were mostly provided by government sources. 77 per cent of contraceptive users and 84 per cent of contraceptive u

# Rapid Household Survey, Reproductive and Child Health KEY INDICATORS

STATE: KARNATAKA

DISTRICT: UTTARA KANNADA

No.	KEY INDICATORS				
1	A) Total population (in thousand) B) Percent urban C) Percent scheduled caste D) Percent scheduled tribe E) Population growth rate (1981-91)	1220.3 24.1 7.54 0.83 13.0			
		TOTAL	RURAL	URBAN	
2	Sample Population  A) Number of households surveyed	1080	842	238	
	B) Total population covered in survey Total Male Female C) Number of men (age 20-54 years) interviewed D) Number of currently married women age 15-44 Total Interviewed	5547 2776 2771 836	4302 2145 2157 649 713 624	1245 631 614 187 182 157	
3	Background Characteristics of Women Interviewed				
-	A) Percent Hindu B) Percent Muslims C) Percent Scheduled Caste D) Percent Scheduled Tribe E) Percent Other Backward Caste	85.6 10.3 5.5 4.8 50.4	89.2 7.2 4.6 5.6 53.5	71.3 22.9 8.9 1.9 38.2	
4	Marriage Age	19.0	19.0	19.2	
	A) Mean age at first cohabitation for women interviewed  B) Percent of boys married at age less than 21 (since 1 January 1996)	3.3	3.4 15.0	2.9	
	C) Percent of girls married at age less than 18 (since 1 January 1996)				

	DIDICATORS	TOTAL	RURAL	URBAN
	KEY INDICATORS /	102		
	Fertility  A) Mean number of children ever born to eligible			
	Women age 40-44	3.5	3.6	3.4
	B) For period 1.1.1996 to 31.12.1998		20.2	165
	a) Average crude birth rate	19.5	20.3	16.5
	b) Average general marital fertility rate	120.9	122.9	122.9
	(GMFR)			
	c) Percent distribution of total births by order	10.7	39.6	45.2
	$\frac{1}{2}$	40.7	39.0	28.7
	ii) 2 iii) 3 & above	27.2	27.4	26.0
	6 Mortality	41.4	27.4	20.0
	A) Infant deaths among children born during 1-1-96 to	6	5	1
	31 -12- 1997			
	B) Neonatal deaths among children born during 1-1-96 to	0	0	0
	31-12-98 due to tetanus			
	C) Total maternal deaths since 1-1-96	1	1	0
	Morbidity			
· ′	Number of cases reported			·
	A) Leprosy	0	0	0
	B) Malaria (3 months prior to survey)	1	1	0
	C) Tuberculosis	5	3	2
0				
8	Knowledge of Family Planning and use		:	
	of Contraception  A) Percent of eligible women			
	A) Percent of eligible women     i) knowing all modern methods	55.0	*	
	ii) knowing any modern spacing method	55.3	54.0	60.5
1000	iii) knowing any modern method	85.1 99.6	84.1	89.1
	iv) knowing any method	99.6	99.5 99.5	100.0
		77.0	77.2	100.0
	B) Percent of eligible women/their husbands			
	i) Currently using any method	66.0	65.8	66.8
	ii) Female sterilization iii) Male sterilization	47.6	49.5	40.1
	iii) Male sterilization iv) IUD	0.6	0.4	1.2
	v) Pills	6.1	5.7	7.6
	vi) Condom	1.1	0.8	2.5
	vii) Any other modern method	3.7	3.5	4.4
	viii) Any other traditional method	0.3	0.4	0.0
		6.4	5.2	10.8
	C). Percent of currently married women having unmet			
	need for			
	i) limiting	5.7	5.2	7.0
	ii) spacing iii) total	4.8	3.2 4.6	7.6
	m) total	10.6	9.9	5.7
			.,	12.3

No.	KEY INDICATORS	TOTAL	RURAL	URBAN
9	Maternal Health Care			
	Percent of women who had still/live birth since 1-1-1996			
	A) ANC check-up			
	<ul><li>i) who had ANC check-up</li><li>ii) Who had 3 or more check-up</li><li>iii) Who had ANC Check-up at home</li></ul>	98.4 95.7 64.5	99.5 96.7 72.1	93.3 91.1 26.1
	B) TT injection during pregnancy			
	i) who had none ii) who had one iii) who had two or more	2.3 10.0 85.6	2.3 10.3 84.9	2.2 8.8 88.8
	C) IFA tablets during pregnancy			
	i) who were given IFA tablets ii) who consumed one IFA tablet regularly iii) who consumed two IFA tablet regularly	80.6 62.0 16.6	85.9 67.1 16.9	55.5 37.7 15.5
	D) Institutional delivery			
	i) Total ii) Government iii) Private	78.2 28.2 50.0	75.1 30.5 44.5	93.3 17.7 75.5
	E) Delivery at home and attended by doctor/nurse/ traditional birth attendant (TBA)	8.0	8.8	4.2
	F) Total safe delivery (D + E)	86.1	84.0	95.6
	G) Visited by ANM within two weeks of delivery	56.2	63.8	20.0

No	KEY INDICATORS	TOTAL	RURAL	URBAN
No.	Child Care			
	A Percent of children age 0-4 months on exclusive breast milk (relates to the youngest child born since 1.1.1996)  B Percent of women who gave colostrum (relates to the youngest child born since 1-1-1996)	54.2	54.8 44.1	50.0
	C Percent of children age 12-36 months who received (relates to two children born since 1-1-96 to 30-4-98)			
	i) BCG ii) DPT	97.8	98.0	96.8
	a) Three injections	95.2	94.9	96.8
	b) No injections iii) Polio	2.1	1.9	3.1
	a) Three doses	93.1	93.6	90.6
	b) No dose	3.1	2.5	6.2
	iv) Measles	94.1	94.2	93.7
	v) Complete immunization (BCG, 3 DPT, 3 Polio & Measles)	89.9	90.4	87.5
	vi) At least one dose of Vitamin A	66.2	69.5	50.0
	D) Percent of babies weighed and babies below 2.5 Kg.			N.
	i) Percent of babies weighed	65.8	63.0	79.5
	ii) Percent below 2.5 Kg. Out of babies weighed	23.5	23.7	22.7
	E) Percent of eligible women whose children (born after 1-1-96) had diarrhoea and who were treated with ORS)		· .	
	i) Had diarrhoea	140		
	ii) Treated with ORS	14.9 21.6	14.2 27.5	0.0
	F) Percent of eligible women whose children (born after 1-1-96) had breathing problems and treated		\$	
	i) Percent who had breathing problem ii) Percent of mothers of children with breathing problem who got their children treated by ANM/Government facility	6.0 46.6	6.3 46.1	4.5 50.0

7: 44

	X - 22.2 / 22.2			
No.	KEY INDICATORS	TOTAL	RURAL	URBAN
11	Reproductive Morbidity			
	A) Percent of eligible women who had their last pregnancy			
	since 1-1-96, having			
	out of a you and and			
	a) Abortion complications	42.8	50.0	25.0
	b) Pregnancy complications	37.9	35.6	48.8
	c) Delivery complications	17.4	17.3	17.7
	d) Post-delivery complications	15.1	14.0	20.0
	B) Percent of eligible women having			
	a) Contraceptive side effects		40	
	i) Female sterilization	6.1	6.1	6.3
	ii) IUD	8.3	5.5	16.6
	iii ) Pills	11.1	20.0	0.0
	b) Any symptom of reproductive tract infection	14.4	14.9	12.7
	C) Percent of males having any symptom of reproductive	*		
_	tract infection	:2.5	2.9	1.0
	The state of the s	8 -	2.7	1.0
	D) Percent of households in which adolescent girls were	7.5	7.2	8.5
	suffering from Anaemia			
	process of	e.		
10	A DOWN OF THE PROPERTY OF THE			
14	Awareness of women on RCH	p		
	A) Percent of eligible women (who had their last live	شم		
	birth Still birth since 1-1-96) aware of:	•		
	a) Pregnancy complications	50.3	48.3	60.0
	b) Treatment/practices to be followed in diarrhoea	62.5	60.7	70.4
	episodes	28.2	27.4	31.8
	c) Danger signs of Pneumonia	20.2	27.4	51.0
	B) Percent of eligible women who were aware of			
	·			210
	a) Reproductive Tract Infection (RTI)	20.8	20.8	21.0
	b) Sexually Transmitted Infection (STI)	13.9	13.6	15.2
	c) HIV(AIDS)	70.4	67.6	01.2
	C) Percent males age 20-54 having knowledge of			
		12.0	11.5	17.1
	a) Reproductive tract infection (RTI)	12.8 24.8	22.9	31.5
	b) Sexually transmitted infection (STI)	89.3	87.3	962
	c) HIV (AIDS)	07.5	07.5	

.

No	KEY INDICATORS	TOTAL	RURAL	URBAN
1				
	A) Percent of rural households visited by ANM/Health worker three months prior to survey date	-	77.7	
	B) Percent of households where ANM counselled unmarried adolescent girls	6.0	7.6	0.0
	C) Percent of households where ANM distributed IFA tablets to unmarried adolescent girls	3.0	2.8 مر	3.5
14	Utilization of Government Health Facility			
	A Percent induced abortion of last pregnancy since 1-1-96	20.0	50.0	0.0
	B) Percent of eligible women who sought treatment for complications during	·.		
	i) Pregnancy			4"
	a) Doctor b) Nurse/ANM ii) Post-delivery period	16.3 8.1	21.8 12.5	5.8
<b>6</b>	a) Doctor b) Nurse/ANM	48.4	58.3 Q.0	22.2 11.1
	C) Percent of eligible women who sought treatment for side effects/health problems due to use of		eri e jegov	
	i) Female sterilization ii) IUD iii) Pills	60.0	64.7 100.0	33.3
	D) Percent of respondents with RTI who sought treatment	****	***	****
	i) Males ii) Females	47.6 58.4	47.3 53.7	50.0
				•

## CHAPTER 1 INTRODUCTION

### 1.1 Background and Objectives of Survey

The Reproductive and Child Health (RCH) interventions that are being implemented by Government of India (GOI) are expected to provide quality services and achieve multiple objectives. There has been a positive paradigm shift from Method-Mix-Target based activity to client-centered-demand driven quality services. Attempt is being made by GOI not only to re-orient the programme and service providers attitude at grassroot level but also to strengthen the services at outreach level.

The new approach requires decentralization of planning, monitoring and evaluation of the services. Under such objectives, GOI has been interested to generate district level data other than service statistics on utilization of the services provided by government health facilities and also people's perceptions on quality of services. Therefore, it was decided to undertake rapid household surveys for all the districts in the country. About 50 per cent of the districts were covered in 1998. Survey was carried out in remaining districts in 1999.

The main focus of the rapid household survey were on the following aspects:

- 1. Coverage of ANC and immunisation services
- 2. Proportion of safe deliveries
- 3. Contraceptive prevalence rate
- 4. Unmet need for family planning
- 5. Awareness about RTI/STI and HIV/AIDS
- 6. Utilization of Health Services and user's satisfaction.

### 1.2 District Profile

Uttara Kannada district is located in coastal area of Kamataka state. Before the states reorganisation this district was in Bombay state.

No	KEY INDICATORS	TOTAL	RURAL	URBAN
1.				
	A) Percent of rural households visited by ANM/Health worker three months prior to survey date		77.7	-
	B) Percent of households where ANM counselled unmarried adolescent girls	6.0	7.6	0.0
	C) Percent of households where ANM distributed IFA tablets to unmarried adolescent girls	3.0	2.8 پر	3.5
14	Utilization of Government Health Facility			
	A Percent induced abortion of last pregnancy since 1-1-96	20.0	50.0	0.0
	B) Percent of eligible women who sought treatment for complications during			
	i) Pregnancy			- t
	a) Doctor b) Nurse/ANM ii) Post-delivery period	16.3 8.1	21.8 12.5	5.8
<b>6</b>	a) Doctor b) Nurse/ANM	48.4	58.3	22.2
	C) Percent of eligible women who sought treatment for side effects/health problems due to use of		*** . <b>*</b>	
	i) Female sterilization ii) IUD iii) Pills	60.0	64.7	33.3 0.0
	D) Percent of respondents with RTI who sought treatment	7.7.4	***	****
	i) Males ii) Females	47.6 58.4	47.3 53.7	50.0

## CHAPTER 1 INTRODUCTION

### 1.1 Background and Objectives of Survey

The Reproductive and Child Health (RCH) interventions that are being implemented by Government of India (GOI) are expected to provide quality services and achieve multiple objectives. There has been a positive paradigm shift from Method-Mix-Target based activity to client-centered-demand driven quality services. Attempt is being made by GOI not only to re-orient the programme and service providers attitude at grassroot level but also to strengthen the services at outreach level.

The new approach requires decentralization of planning, monitoring and evaluation of the services. Under such objectives, GOI has been interested to generate district level data other than service statistics on utilization of the services provided by government health facilities and also people's perceptions on quality of services. Therefore, it was decided to undertake rapid household surveys for all the districts in the country. About 50 per cent of the districts were covered in 1998. Survey was carried out in remaining districts in 1999.

The main focus of the rapid household survey were on the following aspects:

- 1. Coverage of ANC and immunisation services
- 2. Proportion of safe deliveries
- Contraceptive prevalence rate
- 4. Unmet need for family planning
- 5. Awareness about RTI/STI and HIV/AIDS
- 6. Utilization of Health Services and user's satisfaction.

### 1.2 District Profile

Uttara Kannada district is located in coastal area of Kamataka state. Before the states reorganisation this district was in Bombay state.

Table 1.1 Basic Demographic Indicators from 1991 census in Uttara Kar nada

District of Karnataka state

Incicators	State	District
Population (in thousands)	44977.2	1220.3
Annual exponential growth rate (1981-91) (per cent)	1.92	1.30
Population density (per Sq. Km)	234.6	118.6
Per cent of Urban Population	30.9	24.1
Sex Ratio (Females per 1000 Males)	959.6	966.0
Currently married women age 15-44 (couples) per 1000 population	168.9	151.4
Per cent of population		
Scheduled Caste	16.38	7.54
Scheduled Tribe	4.26	0.83
Others	79.36	91.63
Per cent of literate population age 7 +		
Males	67.26	76.39
Females	44.34	56.77
Persons	56.04	66.73

In 1991, the population of the district stood at 1220 thousands with an annual growth rate of 1.3 per cent during 1981-91 period. There were 966 females for 1000 males. The Scheduled castes and Scheduled tribes population is very less in this district. Over two-third of the population (66 per cent) were literate in 1991. (Table 1.1)

## 1.3 Survey Design and Sample Size

In the second year of the RHS, nearly 50 per cent of all the districts in India were selected with random start from either first or second district and then alternative districts were selected. Districts in a state were alphabetically arranged before selection. With this procedure, 252 districts were selected. In the selected districts 50 Primary Sampling Units (PSUs, Villages/Wards) were selected adopting probability proportion to size (PPS) sampling. The village/ward level population was taken as per 1991 census. The sample size for RHS-RCH was fixed at 1000 households i.e. 20 households from each PSU. In order to take care of non-response due to various reasons, over sampling of 10 per cent was done. In other words, 22 households from each PSU were selected following circular systematic random sampling procedure.

### 1.4 House Listing

House-listing in each of the selected Primary Sample Units (PSU-village/urban ward) is an important activity to select the sample households. IIPS has provided an elaborate procedure to be followed for house-listing which is strictly followed in letter and spirit. It includes:

Listing of every structure in the village/urban ward/block, dwelling units in each structure and other structures like school, shop, cattle shed, dispensary etc., with numbers. Then each dwelling unit is given a separate number. The list of all the households in each Primary Sample Unit forms the sampling frame. The first household is selected by using a random number and other households are selected by employing systematic circular sampling procedure.

All the households in the villages having population less than 1500 have been mapped and listed. A block has been selected for listing and mapping of villages having more than 1500 population. In urban areas a census enumeration block (CEB) has been

selected from the selected ward and the notional map was copied. After the identification of the CEB in the city/town, house-listing and mapping have been carried out. From the house-list, the required number of households have been randomly selected.

### 1.5 Questionnaires

Data have been collected through a structured questionnaire. Two types of questionnaire have been designed for each selected household, one eliciting household information, and the other, eliciting information on women. While the information about the household is collected from any adult member (age 20 and above), information about eligible woman is collected from each currently married woman, age 15-44.

Household questionnaire consists of two sections. The first section elicits information on household characteristics such as number of male and female members in the household, number of eligible women for woman questionnaire, religion, caste, source of drinking water, type of house construction, detailed information on each birth since January, 1996, incidence of maternal deaths since January, 1996, age at marriage of males and females married since January, 1996, prevalence of malaria since three months preceding the survey date, prevalence of TB and leprosy, and supply of Iron and Folic Acid tablets to un-married and anaemic girls age 15-19. This information is collected from any adult member in the household. Section 2 specifically aims at collecting information on general awareness about Reproductive Tract Infection (RTI). Sexually Transmitted Infection (STI) and HIV (AIDS) of any male member, age 20-54, in the household.

Woman questionnaire consists of 6 sections. Data on general characteristics like current age, effective marriage age, number of live births, living children and pregnancy wastage (still births, induced abortions and spontaneous abortions) are collected in section 1; data on ante-natal, natal and post natal care are collected in section 2; on immunization and child care for the last and last but one child born since January, 1996 are collected in section 3; on contraception are collected in section 4; section 5 deals with the assessment of quality of government health services and client satisfaction; and section 6 elicits information on Awareness about RTI, STI and HIV (AIDS).

,

## 1.6 Recruitment, Training and Fieldwork

Fduca ional qualification of field staff, their experience in collecting data and their commitment to the job are important contributing factors in obtaining quality data. All team supervisors have minimum post-graduate degree and some of them have completed M Phil in social sciences. More than 90 per cent of all investigators are post-graduates and the rest have completed graduation. All have fairly good knowledge of English and the local language. Kannada. In addition, many are able to conduct interviews in Telugu, Tamil, Malayalam, Marathi, Hindi and Urdu. About 30 per cent of them have experience in collecting demographic and health data in different India Population Projects (IPP) carried out by different organizations.

Field staff were trained during June25 to July 1, 1999 at PRC, Dharwad for data collection. Field operation started on July 5, 1999 and was completed on September 10, 1999. Data collection work was reviewed when the teams took a break for two days and doubts were cleared on some questions. Separate field staff were trained for House listing during June 24-25. 1999 and Housing listing operations started June 26, 1999. Teams used to be in the primary sample unit (PSU) by 6 a.m. and leave by 8 p.m. All these field operations were completed in a day in many PSUs and more than one day in some PSUs.

Data collection has been carried out in each selected district by a team consisting of a supervisor-cum-editor, three female investigators and two male investigators. There are two major field operations in the survey, namely, i) house-listing, mapping, and selection of sample households, and ii) interviews. House-listing and mapping have been carried out by two persons together. While one person records the particulars in the house-listing form for each household, other person maps the household. House lists were given to the team supervisor to draw the sample households. After selecting the required number of households to be interviewed, the supervisor assigns the lists which contains household number, name of the head of household, address, date assigned, result of interviews of household and woman questionnaires to the investigators. At the end of interviews, a consolidated list in 'Supervisor's Assignment Sheet' is prepared from all Investigator's Assignment Sheets by the supervisor. In addition, the supervisor is assigned the job of editing the questionnaires and cent per cent spot checks in the field itself.

Household questionnaire has been canvassed by the male investigator when male respondent age 20-54 is available in the household. In other cases, the household and woman questionnaires have been canvassed by the female investigator.

## 1.7 Data Processing and Tabulation

Data entry software provided by the International Institute for Population Sciences has been used. The software is found to be adequate and only minor changes have been made to suit the local conditions. (Table 1.7)

### 1.8 Data Quality

Quality of data depends on many factors. Of them, questionnaire design, training of field staff and supervision of data collection are vital. These aspects have been taken into account in the survey.

The questionnaire is designed for minimum number of errors that occur while collecting data. Most questions have been designed with clarity and there is no scope for ambiguity. Questions are pre-coded, and skips and filters have also been provided for easy flow of data collection.

Further, the quality of data has been ensured through intensive training of field staff. Field staff were trained (investigators, supervisors and editors) on the methods of data collection through classroom lectures and mock interviews. They were given 10 days training in local language and each question was explained in detail along with Training Manual during the training sessions. All the technical terms have been explained thoroughly until every one of them understood well. Special lectures from experts in the fields of reproduction, immunization, communicable diseases, reproductive tract infection, sexually transmitted infection and HIV (AIDS) have been organized during the training, thus, fully exposing them to the topics under study. This has enhanced their understanding of questions better and has increased their ability in eliciting information even from an illiterate and ignorant respondent. Also, they were made to conduct mock interviews in the class room. They were also taken to villages and urban blocks for field interviewing. Training sessions were conducted by the staff of the Population Research Center at the Institute for Social and Economic Change (Bangalore) and the International Institute for Population Sciences (Mumbai). Each investigator has been provided with an

Investigator's Manual and the team supervisor with a Supervisor's, Editor's and Sampling manuals.

In addition, data have been checked and edited right in the field by the team supervisor. Surprise checks (10 per cent of the total sample) have been made by the staff of the Population Research Centre at the Institute for Social and Economic Change. Research officers of the International Institute for Population Studies were also present throughout the field operations.

#### 1.9 Field Constraints

The major constraints in data collection is availability of respondents, especially male respondents for section 2 in Household questionnaire. Repeated visits were made to cover maximum number of male and female respondents. As the team was covering the PSU in one day, the coverage with regard to male and female respondents was the maximum that has been achieved in the survey as mentioned in the report

### 1.10 Standard of Living Index (SLI)

In Phase I of the RHS, type of house was being taken as the proxy for the economic status of the households. But in phase II we had asked questions related to household amenities and possession of some selected household items. In order to develop SLI, following scores related to response categories for each question were given:

	Scores	
Variables		
	2	
1. Source of Drinking Water	Tap (Own)2 Tap (Shared) + Handpump+Well0 Others	
	D. 202	
2. Type of House	Cami-Pucca	
	Kachcha	
3. Source of Lighting	Flectrictiv	
J. Joure of Digning	Kerosene	
	Other2	
4. Fuel for Cooking	Kerosene	
	Others	
5. Toilet Facility	Own Flush Toilet	
	Shared Toiletl	
	No Toilet0	
ć. Ownership of Items	Car4 Motor cycle/Scooter3	
	TV	
	Radio/Transistor2	
	Fan2	
	Sewing Machine2	
	Bicycle0	
	1 10.10	

The total of the scores may vary from the lowest of 0 to maximum of 28. On the basis of total score, households are divided into three categories as:

(a)	Low	if total score is less than or equal to 9.
(b)	Medium	if total score is more than 9 but less than or
` '		equal to 19
(c)	High	if total score is more than or equal to 20

Most of the indicators under RHS are also tabulated by these three categories of SLI in addition to Rural/Urban, Caste, and Education.

Table 1.7. Sample Results for Households, Males and Eligible Women, Uttara Kannada district, Karnataka, 1999

Results	Total	Rural	Urban
Households Selected	1100	857	243
Households Interviewed	1080	842	238
Not Interviewed	20	15	5
Households present but not competent respondent at home	14	- 9	5
Households Absent	3	3	0
Postponed	1	1	0
3efused . *	0	0	0 .
Twelling Vacant/ Address Not a Dwelling	0	0	0
Dwelling Destroyed	0	0	0
Owelling Not Found	0	0	0
Other	2	2	0
HH Response Rate* (HRR)	98.2	98.2	97.9
Total Eligible Women			
Eligible Women		712	182
Completed (Interviewed)	78:1	624	157
Not at Home	112	87	25
Pefused	0	0	0
Fartly Completed	1	1	0
Otner	0	0	0
EW Response Rate* (EWRR)	87.4	87.6	86.3
Number of Males Interviewed	836	649	187

<sup>(</sup>Households Interviewed/1100) \*100 HRR

<sup>(</sup>Eligible Women Interviewed/Total Eligible Women) \* 100 EWRR.

## **CHAPTER 2**

## HOUSEHOLD CHARACTERISTICS

General characteristics of the sample household population and vital events such as marriag births, infant deaths and morbidity are described in this chapter.

## 2.1 General Characteristics

The survey covered 1080 households in the sample of which 77.9 per cent were rural. It rest urban. Hindu households constituted 87 per cent, Muslims 8.2 per cent and the rest other. Among Hindu households 6.2 per cent belonged to Scheduled castes, 4.5 per cent to Scheduled tribes and 52.7 per cent to other Backward castes (OBC) (Table 2.1).

In the sample, only 13 per cent houses were reported as Pucca, a substantial percent Kuchcha and the rest as Semi-Pucca. In urban area 25 per cent of houses were Pucca compart to 10 per cent in rural. Major source of drinking water was through well (73 per cent) and hapump (4 per cent). Electricity was the main source of lighting as 85 per cent of househoreported this as the main source. Wood was the main source of fuel used to cooking. However in urban areas, LPG and Kerosene accounted for 59 per cent. Over half of the of households the district had no toilet facility at all. Ownership of household goods such as radio, televisity bicycle was to the tune of above 30 per cent each. Situation in this regard is much better urban area. Based on the composite Standard of Living Index 8 per cent of households we considered as high - 3.2 per cent in rural and 24 per cent in urban.

## 2.2 Marriages, Births, Infant Deaths and Morbidity

During the reference period (during January 1, 1996 to date) a total of 283 marriages were reported – 222 in rural and 61 in urban areas. Mean age at marriage for boys is 27.6 years in rural areas and 28.7 in urban. For girls, mean age at marriage in urban areas is one year higher at 22.3 compared to 21.2 in rural areas. Only 3 per cent of boys and 15 per cent of girls got married before attaining the legally prescribed minimum age of 21 years and 18 years, respectively. The estimated Crude Birth Rate in the district is 19.5 – 20.37 in rural and 16.5 in urban. Nearly 27 per cent of births in the district are of third or higher order.

A total of 6 infant deaths were reported in the survey and all 6 deaths in the neonatal period. No leprosy cases reported in the district. However 5 cases of tuberculosis were reported in the district. Only one case of malaria was reported during the same period. No neonatal death due to tetanus and 1 maternal death were reported in the district (Table 2.2).

Table 2.1 General Characteristics of Households Surveyed in Uttara Kannada district in Karnataka state

district in Karnataka state	Total	Rural	Urban
ndicators	1080	842	238
. Number of households interviewed	1000		
. Household Population Total	5547	4302	1245 631
Male Female	2776 2771	2157	614
Females per 1000 Males)	998	1005	973
Number of currently married Women (15-44 years)	895	713	182
C. W. webalds by Religion	87.1	39.7	77.7
Hindu Muslim	8.2	5.7	17.2
Christian	3.7	3.3	5.0
Sikhs Buddhisis	0.4	0.3	0.0
Buddhists. Others	0.4	0.5	0.0
A. Percent of Households by Caste* Scheduled Caste	6.2	4.7	11.3
Scheduled tribe	4.5		2.1
Other Backward Class Others	52.7	1	27.
5. Percent of Households by Type of House Kachcha	7.6		
Semi-Pucca Pucca	78.7		
5. Percent of Households by Source of Drinking Water	17.0	11.6	36.
Tap Hand Pu	17.0		
Well	72.9		
Others	5.9	7.6	0.
7. Percent of Households by Main Source of Lighting Electricity	84.8	82.4	93.
Kerosene	13.9	16.0	
Others	1.2	1.5	0.
8. Type of Fuel mainly used for cooking Liquid Petroleum gas	20.5	17.5	52.
Kerosene			
Wood Others	69.3		
9. Type of toilet facility available			
Own flush toilet	16.5		
Own pit toilet Shared toilet	20.7		نا عند السوال ال
No toilet facility	59.8		
10. Percent of Households owning Fan	40.	32	
Radio/transistc=	52.		
Sewing Machine		1 13.	30.
Television Bicycle	33.1		
Motor cycle/scootez	17.	12.	34.
Car 11. Percent of Households by Standard of Living Inde		4 1.0	2.
Low		8 67.	26
Medium	33.	4 28.	
High	7.	6 3.:	

Percentage may not add up to 100 due to missing cases.

Table 2.2 Marriages, Births, Mortality and Morbidity in Uttara Kannada district in Karnataka state

in Marnataka State			
Indicators	Total	Rural	Trban
1. Marriages during 1-1-96 to survey date  (a) Total number of marriages  (b) Mean age at marriage for Boys  (c) Mean age at marriage for girls  (d) Boys marrying at age less than 21 years (%)  (e) Girls marrying at age less than 18 years (%)	283 27.9 21.4 3.3 15.0		28. 22.
2. Births (Reference period: 1-1-96 to 31-12-98)  (a) Number of births reported  Total  Male Female	316 158 158	256 119 137	6 3 2
<ul><li>(b) Average annual CBR</li><li>(b) Average annual GMFR</li><li>(c) Percent distribution of birth by order of birth</li></ul>	19.5 120.9	20.3	16. 112.
1 2 3 4+	40.7 32.0 16.1 11.1	39.6 32.7 17.0 10.4	28. 12.
3. Deaths among* children born during 1-1-96 to 31-12-97 in (a) Neonatal period (b) Post mechatal period (c) Infancy Male	6 0	5 0	
Female  Number of neonatal deaths among children born during 1-1-96 to 31-12-98 due to tetanus	0	3	
Number of Maternal Deaths Reported during 1-1-96 to survey date	1	1	
(1) Number of cases reported  (a) Leprosy  Male  Female  (b) Malaria**	0	0	
Male Female (c) Tuberculosis Male	0 1	2	
Female (2) Number of cases treated (a) Leprosy Male Female	000	0 0	
(b) Malaria** Male Female	01	0	
(c) Tuberculosis Male Female	3	1	

: .

End point of reference period is restricted to 12-12-1997 to ensure one year exposure to the risk of death for all births.

Reference period is 3 months prior to survey.

#### CHAPTER 3

## CHARACTERISTICS OF THE WOMEN AND FERTILITY

This section presents, general characteristics of the current married women, out come pregnancy and fertility.

## 3.1 Characteristics of Currently Married Women

About 40 percent of eligible women were in the age 20-29. Age at consummation marriage of women revealed that 32 per cent in rural area had consummated below 18 years compared to 28 per cent in urban area (Table 3.1). Nearly 33 per cent of the eligible women were illiterate – 36 per cent in rural and 19 per cent in urban.

### 3.2 Outcome of Pregnancy

The survey revealed that 92 per cent of pregnancies have resulted in live births, 1.5 per cent as still births, 4.2 per cent as spontaneous abortions, and the rest (1.8) percent) as induce abortions. Spontaneous abortions are more in 20.29 age group (Table 3.2).

#### 3.3 Children Ever Born and Living

The data collected on fertility reveal that the mean number of Children Ever Born (CEE is 2.5 - 1.2 male and 1.2 female. The mean number of children surviving is 2.3. Illiterate women and women belonging to Scheduled groups and Muslims have higher number than other (Table 3.3).

Table 3.1 Percentage distribution of currently Married Women age 15-44 years by selected characteristics in Uttara Kannada District in Karnataka state

ackground Characteristics	Total	Rural	Urban
1. Age group (years)  15-19 20-24 25-29 30-34 35-39 40-44	2.8	3.0	1.9
	18.3	19.0	15.2
	21.5	21.9	19.7
	22.1	20.9	26.7
	17.1	17.4	15.9
	18.0	17.4	20.3
1. Age at Consummation of Marriage  Below 18 years 18 years and above	31.8 68.1	32.8 67.1	28.0
Religion  Hindu  Muslim  Christian  Sikhs  Buddhists  Others	85.6 10.3 3.2 0.3 0.0	89.2 7.2 2.5 0.4 0.0	71.3 22.9 5.7 0.0
Scheduled Caste Scheduled tribe Other Backward Class Others	5.5	4.6	8.9
	4.8	5.6	1.9
	50.4	53.5	38.2
	39.1	36.2	50.9
Illiterate 0-9 @ years 10 years and above	33.4	36.8	19.7
	43.2	43.5	42.0
	23.3	19.5	38.2
Illiterate 0-9 @ years 10 years and above	19.9	21.6	13.3
	45.9	48.4	36.3
	34.0	29.9	50.3
Low Medium High	58.5	, 66.1	28.0
	32.7	29.8	44.5
	8.7	4.0	27.3
Number of women	781	624	157

<sup>@</sup> Literate persons with no years of schooling is included here.
\* Percent may not add up to 100 due to missing cases.

Table 3.2 ourcome or precuality

Percentage Distribution of Pregnancies of Currently Married Women age 15-44 years in each age group by Outcome of pregnancy in Uttara Kannada district in Karnataka state

	Perc	ent preg	nancies t	Percent pregnancies terminated in	in	Number
Age Group	Live	Still	Still Spont. Induced	Induced Abort for	Total	Total Pregnan-
15-19	100.0	0.0	0.0	0.0	100.0	12
20-24	91.0	2.4	5.9		0.5 ; 100.0	202
25-29	92.7	1.0	. 4.8	1.3	100.0	372
30-34	90.5	1.6	4.2	3.6	100.0	496
35-39	92.9	1.8	3.4	1.8	100.0	496
40-44	93.5	1.3	3.9	1.3	100.0	539
All Women	92.3	, 1.5	4.2	1.8	100.0	2117

Table 3.3. FERTILITY Children Ever Born and Children Surviving by Selected Characteristics of currently mainled women age 15-44 years in Uttara Kannada District in Karnataka state

		Mean Ch	Children E	Ever Born	Mean Chi	Children Su	Surviving	No. of
Background Characteristics		Male	Female	Total	Male	Female	Total	WOME
1. Age group	15-19 20-24 25-29 30-34 35-39	0.3 1.2 1.7 1.7	00.0 00.0 0.0 0.0 0.0 0.0	0.5 1.2 2.0 2.6 3.4 3.5	0.6	0.0	0.0 1.1 1.9 3.1 3.1	22 143 168 173 134
2. Residence	Rural Urban	1.2	1.2	2.4		1.1	2.2	624
3. Religion	Hindu Muslim Christian Sikhs Buddhists	1.5 0.9 0.0 1.6	1.2	2.4 3.0 1.8 2.0 0.0	11.00.00.00.00.00.00.00.00.00.00.00.00.0	20.00	30021.22	669 81 255 3
4. Caste	Scheduled Caste Scheduled tribe OBC	1.5	1.2	2.8	1.1	1.1	2.5	43 38 394 217
5. Education	Illiterate 0-9 @ years 10 years and above	1.5	1.1	3.1	1.1	1.1	2.2	261 338 182
6. Standard of Living Index	Low Medium High	1.3	1.13	2.7	1.2	1.2	2.2	457 256 68
All Women		; 1.2	1.2	2.5	1.1	1.1	2.3	781

A Literate persons with no years of schooling is included here.

## **CHAPTER 4**

## UTILISATION OF MATERNAL AND CHILD HEALTH SERVICE!

In this chapter, knowledge about and utilization of maternal and child health care serving are highlighted.

### 4.1 Maternal Services

#### (a) Ante-Natal Care

Most of the women had received Antenatal Care (98 per cent). Over 64 per cent of the had received at home from health workers and 40 per cent of them from government hear facility (Table 4.1 and Fig 4.1).

### (b) Type and Sources of Antenatal Care

Nearly three-fourth of them had received TT, Iron and Folic Acid Tablets and 3 AN checkup. Most of them had received ANC during first trimester. Over 80 per cent of wom had their weight taken, blood pressure measured and had abdominal check up. Women reside in urban area, literate and educated and better of sections were better placed in the provision ANC (Table 4.2 and Fig 4.2).

### (c) Reasons for Not Seeking Antenatal Care Services

The number of women who did not receive any ANC was only four and they reported the lack of knowledge of service, distantly located no time to go as the main reason for not seeking ANC (Table 4.3 and Fig 4.3).

### (d) Pregnancy Complications and Treatment

Over half of the women were aware of pregnancy complications, and more than one-thi of them had experienced complications during pregnancy. Weakness and tiredness, dizziness a

some of the complications reported by them. Among them 98 per cent received treatment both.

from public and private sources (Table 4.4).

#### (e) Natal Care

Seventy eight percent of the deliveries in the district were conducted in institutions – most of them in institutions. For the remaining 21 per cent deliveries at home, 60 per cent of them were attended by others i.e., relatives and friends.. For two-third of the deliveries at home Disposal Delivery Kit (DDK) was used (Table 4.5).

#### (f) Post - Natal Care ·

Seventeen per cent of women had reported delivery complications such as obstructed labour, prolonged labour etc. Only 15 per cent of them had post delivery complications such as lower abdominal pain, excessive bleeding, etc. Half of post delivery complications were treated mainly at government institutions (Table 4.6 and Fig 4.4 and 4.5).

### 4.2 Child Care

## (a) Birth Weight of New born Babies

Two-third babies were weighted within two days after birth. About 24 per cent of women reported their child to be anemic – 23.7 per cent in rural and 22.7 per cent in urban (Table 4.5).

## (b) Immunization of Children

Eighty nine per cent of children age 12-36 months were fully protected against Polio. DPT. Measles and Tuberculosis. Two-third of them had received vitamin 'A' dose and only 11 per cent IFA Tablets liquid (Table 4.7 and Fig 4.6).

## (c) Source of Immunization

Most of the children 85 per cent) had received immunization services from the government sources (Table 4.8). Those who received from private sources was higher in urban (21 per cent) compared to rural (9 per cent)

## (d) Reasons for Not Immunizing the Child

Only four children had not received any dose of immunization in the district (Table 4.9).

## (e) Breast feeding and Weaning Practices

Thirty eight per cent of women were advised on breast-feeding. However, less than half of the women (45.9 per cent) had breasted their child after birth. One-fourth of children were exclusively breastfed at least for four months. Half of them were introduced to semi - solid food at 4<sup>th</sup> or 5<sup>th</sup> month. And, nearly three-fourth of women introduced their children to solid food between 6 to 12 months (Table 4.10).

## (f) Awareness and Treatment of Diarrhoea and Pneumonia

Nearly two-thirds of women were aware of what to do in case the child gets diarrhoea. About 48 per cent of them knew about ORS. Only 14.9 per cent of women reported that their child suffered from diarrhoea during two months prior to survey. Majority of them were treated with the private health facility (Table 4.11 and Fig 4.7).

Awareness among women regarding pneumonia was very low at 28 per cent. Six per cent of women reported that their child suffered from pneumonia during the reference period and most of them were treated in private institutions (Table 4.11).

Table 4.1 ANTENATAL CARE

Fereentage Distribution of Women\* by Source of Antenatal Care (ANC) during pregnancy, in each category of selected characteristics in Uttara Kannada District in Karnataka state

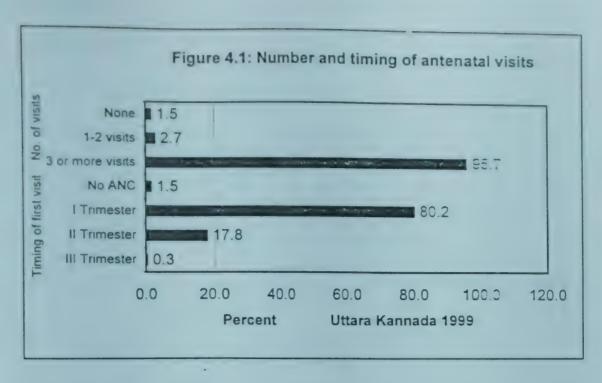
		ANC	No	Total	Number of	Percentage women with	age dist	ribution. by source	of anc
ackground Characteristics		(1)	(2)	(3)	Women.	ANC at home Irom H.W.	Govt, Health Facili- ty (6)	Private Health Facility	Other (8)
. Broad Age Group	Less than 20 years 20-34 35 years and above	100.0 98.2 100.0	1.7	100 100 100	229	<b>66.6</b> 64.8 60.0	66.6 40.8 20.0	33.3	0.00
2. Residence	Rural Urban	99.5	0.4	100	213	72.1	43.4	56.6	2.3
1. Education	Illiterate 0-9 @ years 10 years and above	98.6 97.3 100.0	1.3	100	75 114 69	68.9 65.7 57.9	59.4 43.2	36.4	1.00
4. Religion	Hindu Muslim Christian Sikhs Buddhists Others	99.5	0.0 0.0 0.0	100	208 399 2 2 0	66.1 52.7 66.6 100.0	41.5	0.000.3	2.00 4.4 4.4 4.4 4.4 4.4 4.4 4.4 4.4 4.4
5. Caste	Scheduled Caste Scheduled tribe OBC	100.0 100.0 99.2 98.4	0.0	100	. 13 . 126	61.5 69.2 64.0 72.3	61.5 53.8 49.6 23.0	38.4 . 52.8 . 73.8	0.0
6. Standard of Living Index	Low Medium High	98.0 98.8 100.0	1.1	100	154 86 18	70.8 57.6 44.4	54.3 21.1 11.1	43.7 82.3 88.8	0.0
All Women		98.4	1.5	100	258	64.5	40.1	57.0	0.7
1 Literate persons with no vears	of schooling is i	ncluded here	re.						

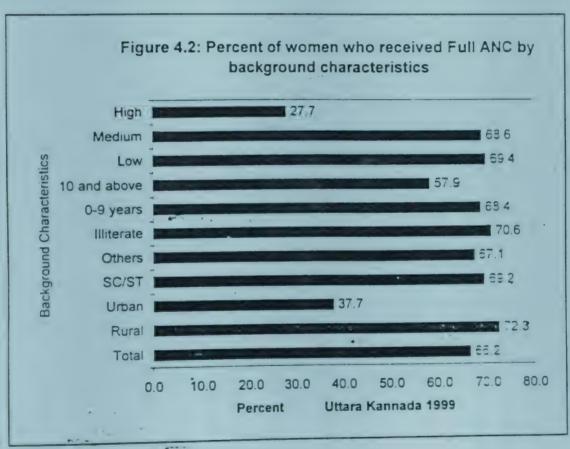
Literate persons with no years of schooling is included here. Percentage may exceed 100 due to multiple answers. Women who had their last live/still birth since Jan 1, 1996.

Ante Natal Care by selected background characteristics in Uttara Kannada District in Table 4.2 TYPE OF ANTENATAL CARE(ANC)
Percentage Distribution of women \* by Type of Karnataka state

		TOTAL	Resi	sidence	Cast	a)	Edı	Education		Standard	of Living	Index
Antenatal Care			Rural	Urban	SC/CT,	Other	Illit.	0-90 years	10 years & above	Low	Medium	High
centage Distribution of	Women by Number											
of ANC Visits	0	1.5							4.4	1.9	1.1	0.0
	1-2	2.7	2.8	2.2	92.3	96.3	95.0	96.4	98.5			
2. Percentage Distribution of Women by Timing of	n by Timing of		•	) }								
First ANC Visit	enoN	1.5						2.	0		-:	0
	First Trimester	80.2							91.3	19.4	16.2	
	Second Trimester Third Trimester	17.8	15.9	26.6	34.6	0	1.3	0.0		0.		0
	- 1						•					
3. Percent of Women who had	ring pregnancy	80.2		۳.	9.	6	4	2	94.		96.5	100.0
b. their Blood Pressure measured	measured	91.4	89.6	100.0	84.6	91.1	84.0	92.1	98.5	, A 9 6	, 0	33.
	: Acid Tablets	80.6	٠ س	٠ ا	<del>.</del>	· ·	·		57.	64	63.	27.
d, taken one IFA Tablet a Day Regularly	a Day Regularly	62.0		. v	איני	, ,	- 0	· 0	ω,	19.	13.	5.
٠	Day Regularly	2.2		,	,		•	,				
I, been given recanus injection	No Injection	2.3	2.		ω.		-	5.	2.9	<u>-</u> د		0.0
		10.0		8					, 00	12.	9	94
	Two Injection	85.6	84.9	88.8	9	87.5	85.3	83.5	. 0	3.0		0
	Do not remember	1.9			•	•	•	۰				_
g. Abdominal Check-up	( ( )	-						0	0.	1.	.0	_
	1-2	17.8		. 4	. m	19.		14.	20.	15.	5 19.	27.
	3 or more	80.6	81.6	75.5	80.7	3.67	74.6	85.	0 79.	7 82.	79.	7/
	Do not remember	0.3		0	0.0	0		- 6	-	٥, ٥	7 4	330
h. at least 1 TT + IFA +	atleast 3 ANC					73.		. 9	63.	200	289	27
2 TT + IFA + atleast	3 ANC	66.2		7	6		• 1	08.	2	0	3	
Number of Women		258	213	45	26	192	75	111	9	9 15	4	86 18
5			۱									

@ Literate persons with no years of schooling is included here.
\* Women who had their live/still birth since ist January 1996.





Percentage Distribution \* of women \*\* who did not get any Ante Natal Care by Reason by selected background characteristics in Table 4.3 REASONS FOR NO ANC

Uttala Kannada District Innathacana seed						3			Standard	Standard of Living Index	Tugex	
	T K di Cit	Doci	Posidence	Caste	re	EG	ncar on					
	TOTAL	1634	200						1001	Madium	High	
		Rural	Urban	SC/CT	Other	111it.	0-90 years	10 years	NO.			
Kedsons	_						,   '		22 2	100.0	4	
	0 04	0	9.99	* . * * * *	50.0	0.0	9.99	K K K K K				
1. Lack of Knowledge of Services	0.00			* * * *	0.0	0.0	0.0	* * * * * * *	0.0	0.0	* * * * *	
o nid Not Feel the necessity	0.0	0.0	0.0							0.0		
To and		0	0.0		0.0	0.0	0.0		2			
3. Not Customary	0.0	2					0	* * * * * * *	0.0	0.0	* * * * * * *	
	0.0	0.0	0.0	* * * * *	0.0	0.0						
4. Financial Cost					0 03	0	33,3	* * * * * * * *	33.3	0.0		
	25.0	0.0	33.3	t K K K							* * * * * *	
5. Distantly Located					0 0	0.0	0.0	* * * * * * * * (	0.0	0.0		
Section Services	0.0	0.0	0.0	0.0						0	* ****	
o. Foot quartey services	0	000	c	* * * * * *	0.0	100.0	0.0	* * * * * * * (	33.3			
7. No time to go	0.62	100.0						* * * * * * * * * * * * * * * * * * * *	0.0	0.0	****	
	0	0.0	0.0	* · · · · · · · · · · · · · · · · · · ·	0.0	0.0	0.0					
8. Not permitted to go							0		0.0	0.0	*****	
	0.0	0.0	0.0		0.0	0.0						7
9. Others								~	0	<u>-</u>		
Heading of Bonnen Who did not get ANC	~	<b>-</b>	7									

Literate persons with no years of schooling is included here. Percentage exceeds 100 due to multiple reasons. Women who had their last live/still birth since Jan 1, 1996.

terestated bestilbution of women. By prequency Complication and Type of treatment sought by selected background shorts ten in Uttara Found District in Karnataka state. Table 4.4 PHINGHANCY COMPLICATIONS

	Total	Rest	Residence	=	Education		Standard	ot Living	Index
thanky templications/Type of treatment		Kural	Urban	11111	u 90 years	10 years	Nort	Medium	High
rescent of Women who are aware of Pregnancy Complications	50.3	48.3	0.09	33.3	43.8	7.67	39.6	63.9	77.1
a. Percent Women had Complication during pregnancy	37.9	35.6	48.8	28.0	35.9	52.1	31.8	46.5	0.09
b. Percent# Women had Complication during pregnancy	19.3	15.4	37.7	10.6	21.0	26.0	14.9	22.0	4.4
	5	-i.		00	9.	10	22	20	6.0
c) Weakness or Tiredness	A 0			200	28.				4
	40-	000	000	01.0	+ m 0	2.0	3.5	2.3	0.0
f) Bleeding g) Convulsion			90	000	40	0 1			-0
h) Weak of no Movement of Forcus i) Abnormal Presentation j) Other	4.10	400	2.5	0.0					
a. Percent# of Women who had Complications and Sought Treatment	0.86	96.9	100.0	87.5	. 100.0	100.0	95.6	100.0	100.0
i) Percent of Women's who Sought Treatment by									
Source of Treatment Government Doctor	16.	io			16.		22.7	15.7	100.0
Government Nurse/LilV/ANM	, œ	0 0		4.	50	0	800	00	
Private Nurse	• 0			0					0
Untrained Dai	2.0	. 0.0	00	0.0	. 0.0	0.0	0 0	0 0	
		. 213	45	75	114	69	154	86	18

Literate persons with no years of schooling in included here.. Percentage exceeds 100 due to multiple response. Women who had their last live/still birth since 1-1-1996.

Only complications a, e, f, g, h and i are considered.

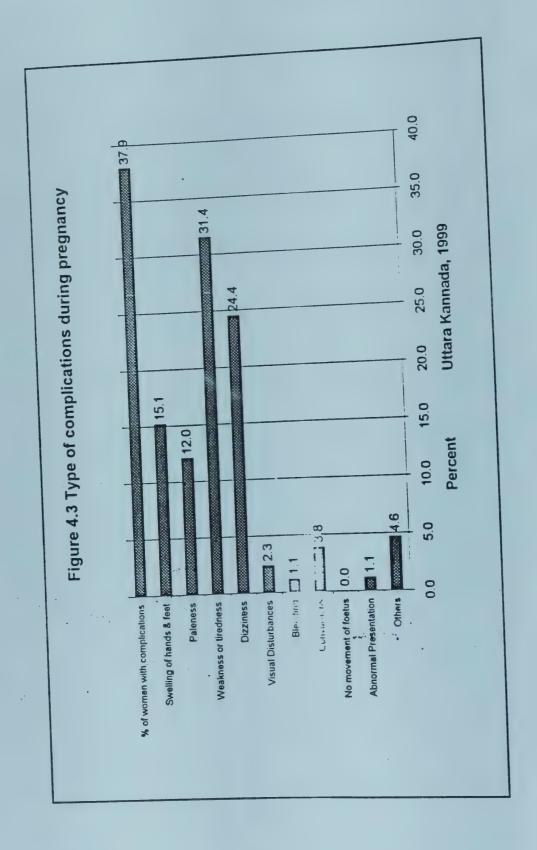


Table 4 S Delivers characteristics.

The table of some by Delivery and Assistance during delivery by selected background characteristics in the same bankada District in Karnataka state.

	-	0000		Casto	4	Ed	Education		Standard	of Living	g Index
ice of delivery and assistance received		Rural	Urban	SC/CT	Other	Illit.	0-90 years	10 years	Low	Medium	H19h
restent of waten who had Institutional Deliveries	78.2	75.1	93.3	69.2	79.1	9.99	76.3	94.2	68.8	90.7	100.0
a. Percentage Distribution of institutional deliveries by Type of Institution Covernment Institution Private Institution	36.1	40.6 59.3	19.0	50.0	38.1	56.0	42.5	12.3 87.6	53.7	15.3	22.2 7.77
Percent of women who had Home Deliveries	21.7	24.8	9.9	30.7	20.8	33.3	23.6	5.8	31.1	9.3	0.0
a. Percentage Distribution of home deliveries by Type of Assistance during delivery Doctor Nurse/ANM Trained Dai Other	1.7 16.0 19.6 60.7	1.8 13.2 20.7 64.1 67.9	0.000.099	0.0 25.0 12.5 62.5	, 17.5 60.00	0.0 12.0 64.0	225.3 25.00.49.66.66.66.69.69.69.69.69.69.69.69.69.69	0.0 25.0 25.0 100.0	100 222.4 64.0 54.0	12.5 50.0 37.5 87.5	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
cent of	()	63.8	20.0	5.63	: 57.2	5.	5.05	44.9	62.3	48.8	38.8
umber of Women had live birth/still birth	258	213	45	26	. 192	75	114	69	154	86	18
. Percent of Women who had their babies weighed within two days of child birth	65.8	63.0	79.5	32.0	68.5	48.0	65.1	86.7	51.9	84.5	100.0
. Percent of Women reported their child having weight below 2500 gms	23.5	23.7	22.7	24.0	23.0	24.0	25.8	19.1	27.2	20.2	5.8
lumber of Women had live births	255	211	44	25	191	75	112	68	154	84	17
	722	717		67		2	- II				

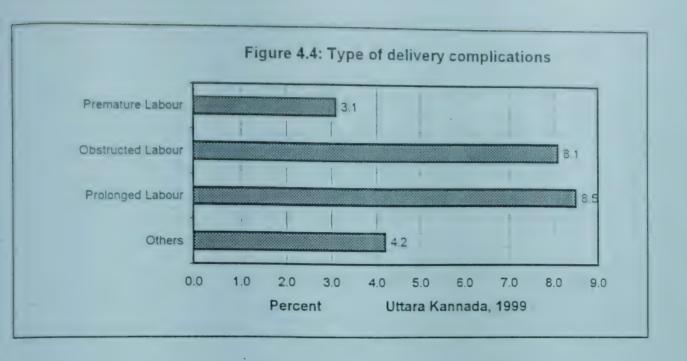
Categorie persons with no years of schooling is included here. Women who had their last live/still birth since 1996.

Table 4.6 DELIVERY AND POST DELIVERY COMPLICATIONS

Percentage Distribution of women\* by Delivery and Post Delivery Complication and Type of treatment sought by background characteristics in Uttara Kannada District in Karnataka state

	Total	Resi	Residence	Ed	Education		Standard	of Living	Index
Complications/type of treatment		Rural	Urban	Illit.	0-96 Xedis	10 years & above	I.ow	Medium	High
1. Percent of Women who had Delivery Complications	17.4	17.3	17.7	8.0	15.7	30.4	10.3	23.2	50.0
Percent of						•			
	4 8 8 3 1 1 1 2 2 2 1 1 1	w	0484	H 4 70 H.	0.8 7.0 7.8	8.7 13.0 14.4 1.4	3.2	6.9 112.7 11.6 2.3	0.0 5.5 22.2 22.2
3. Percent of Women who had Post Delivery Compl.	15.1	14,0	20.0	17.3	17.5	8.7	18.1	10.4	11.1
4. Percent of Women** by type of Post Delivery Complications High Fever Lower Abdominal Pain Foul Smelling Vaginal Discharge Excessive Bleeding Planing Pain Lower Abdominal Pain Foul Smelling Vaginal Discharge Excessive Bleeding	46.00 0.00 0.00 1.11	W B O B C: I	6.6 11.1 13.3 13.3 0.0	NO 4 6 C 4	12.22		11.6	က်ဖဲ့ကိုက်ဝဲ	401860 0.00000 0.00000
a. Percent of Women** who had Post Delivery Compl. who sought Treatment	84.6	80.0	100.0	76.	85.	0 100.	0 78.	5 100.0	0 100.0
by Source of Treatment Government Doctor Private Hoctor Private Hoctor Private Hoctor ANM/Nurse Trained Dai Ontrained Dai	44 600000000000000000000000000000000000	88 4 0000 0000	22. 66. 111.	30.000000000000000000000000000000000000	4.2	m 20000	63.	8.88 8.89 9.00 0.00 0.00	000000
Women	258	213	4	5	5 11	4	69	54	86 1

Literate persons with no years of schooling is included here. Women who had their last live/still birth since 1946. Total percent may exceeds 100 due to multiple reasons. Included Obstructed Labour and Breech presentation.



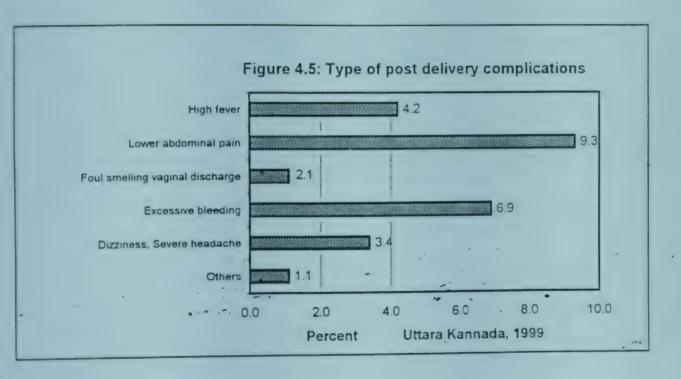


Table 4.7 VACCINATION OF CHILDREN
Percentage Distribution of Children\* (born during 1-1-96 to 30-04-98) who Received Vaccination by Type of Vaccination by selected background characteristics

in Uttara Kannada District in Karnataka state	4				Ì			١		0	crandard	of Living	Index
	,	. 000	0000	Sex		Caste	-	Edu	Education	2			
	Total	nestaen Dural	Irban	Male	Female	SC/CT	Other	lit.	96-0	10 years	Low	Medium	High
Type of Vaccination											- 1	000	1000
			1	0 66	77.4	85.7	.73.5	74.5	78.4	18.0	0.27		0.00
Polio 0	77.2	75.1	67.5	• 1			- 1	0 40	07.7	100.0	97.3	98.5	100.0
	97.8	0.86	8.96	96.8	98.9	7.56	70.0	200				1	1 .
BCG		-	, ,	2 7	1.0	4.7				0.0	7.7	2.9	0.0
DPT Doses	1.7	n 0	10.0	2.0	1.0	0.0	0.0			0.0			
2	1.0	1.2	0.0	2.0	0.0	0.00	45.0	92.1		0.86		•	100.0
e	95.2	94.9	8.96	7.76	0.76	33.5		- 5			3 6		0.0
	- 0	2 6	6 2	3.1		9.5	2.1		4 c	0,0	2.7		0.0
roito Doses	2.6	2.5	3.1.	3.1		0.0	2.1	n c	1.1	0.0	1.8	0.0	0.0
2 2	1.0	1.2	0.0	2.0	0.00	0.0	94.2	90.2	92.0	98.0	91.8	94.1	100.0
en .	93.1	93.6	90.06	91.0			- 1	- 1	1	0 90	93.6	94.1	100.0
	1 90	94.2	93.7	94.7	93.5	95.2	94.2	90.2	95.4	0.06	•		
Measles	1.16			- 1	000	A 00	7.06	86.2	89.7	94.0	89.1	H9.7	100.0
Full (BCG + 3 DPT + 3 Polio + Measles)	6.68	90.4	87.5		n			-		0.0	2.7	0.0	0.0
	1.5	1.9	0.0	2.0	1.0	7 . 6	7					000	C
		000	0	22 3	34.4	38.1	33.5	37.2	35.2	28.0	34.	38.2	40.04
Viramin A doses	33.8	20.05	37.0	38.5	43.0	38.1	40.0	41.1	0.24	0.00	200	CC	00
		٠ د د د د	) (F)	23.4	16.1	19.0	۲.0،	9.6.	7 ~	0	4	4	0
7	4.2	. 4	4.1	4.1	<b>₩</b>	4.7	7.5	J C	0.0	0.0	0	0	00
1	0.0	0.0	0.0	000	0.0	0.0	2.4.0	000	0.0	4.0	0	7	2
S.	1.0	1.2	0	2				4	13.6	10.0	10.	.00	B 20.0
Tablets/Liquids	10.5	10.1	12.5	13.5	7.5	y.0					1:5	A.A.	10
	100	157	32	96	93	21	140	51	88	00	_		1
Number of Children	102												

# Literate persons with no years of schooling is included here.
# Includes only last and last but one living child.

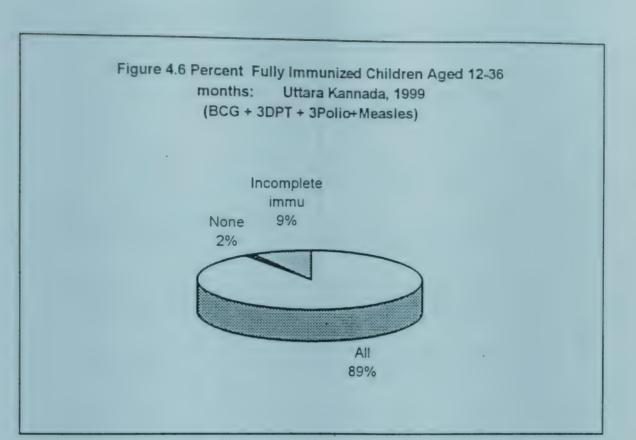


Table 4.8 SOURCE OF IMMUNISATION

Percentage of children \* (Born during 1-1-96 to 30-04-98) who had any Immunisation by Source of Last Immunisation by selected background characteristics in Uttara Kannada District in Karnataka state

hackground character	hackground characteristics in Uttara Kannada Discisc :::	חזורות								attacked of Living Index	of Living	Index
		Total	Resi	8esi dence	Caste	a	PH	Education		Stallage		
		10car							1	101	Medium	High
course of Imminisation		1	Rural	Urban	SC/CT	Other	Illit.	0-90 years	s above	300		
												1
Government	Government Hospital PHC/CHC Sub-Centre ANM (Village session) Private Hospital	29.1 25.4 4.8 24.8 12.9	23.3 29.8 5.8 29.2 9.7	64.2 3.5 0.0 3.5 21.4 3.5	30.0 20.0 5.0 40.0 5.0	30.4 28.2 4.3 21.7 12.3	20.4 28.5 8.1 30.6	31.4 24.4 5.8 29.0 6.9	34.0 24.0 0.0 12.0 26.0	23.7 23.1 34.2 6.4 0.0	29.8 29.8 4.4 11.9 20.9 2.9	30.0 10.0 10.0
Other Do Not Know	FIIVAGE DOCTO	0.0	9.0	3.5	0.0	0.0	0.0	0.0	0	0.0		
									C u	108	89	10
Minmhor of Children receiving any immunisation	any immunisation	186	154	32	20	138	20	86	nc			
Number of current												

@ Literate persons with no years of schooling is included here. \* Includes only last and last but one living children.

Table 4.9 REASON FOR NOT GIVING IMMUNISATION
For distribution of children\* (Born during 1-1-96 to 30-04-98) who did not Receive Immenisation by Reason and Type of Immunisation in Uttara Kannada District in Karnataka

Unaware of Need of Immunisation	31.116					
40.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	000000	BCG 1	Incomp. DPT 2	Incomp. POLIO	MEASLES 4	No 1,2 6 3
0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0		40.0	20.0	28.5	18.1	25.0
0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	Place & Time of Immuni	0.0	0.0	0.0	0.0	0.0
0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	3. Fear of Side Effects	0.0	0.0	0.0	0.0	25.0
0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 4 4 4 4	No Faith in Immuni	0.0	0.0	0.0	0.0	0.0
0.0 0.0 0.0 0.0 0.0 60.0 4 4 4 4	Place and Time of	0.0	0.0	0.0	0.0	0.0
0.0 0.0 0.0 60.0 80.0 71.4	6. Long Waiting Time	0.0	0.0	0.0	0.0	0.0
60.0 0.0 0.0 0.0 0.0 4 4 4 4 4 1	7. ANM Absent	0.0	0.0	0.0	0.0	0.0
60.0	0. Vaccine Not Available	0.0	0.0	0.0	0.0	0.0
Number of Children who did not receive immunization 4 4 4 11	i	0.09	0.08	71.4	81.8	50.0
	Number of Children who did not receive immunization	4	4	4	11	E 3

Table 4.10 BREAST FEEDING AND CHILD NUTRITION

Percentage of women\* given advise on breast feeding and who gave Colostrum to Child by selected background characteristics in Percentage of women\* given advise on breast feeding and who gave Colostrum to Child by selected background characteristics in Uttara Kannada District in Karnataka state

Uttata hamada protect		. 000	90000	Caste		Edı	Education		Standard	of Living	Index	
Treast feeding/Child nutrition	Total	Rural	al Urban	sc/cr	Other	Illit.	0-90 years	10 years & above	Low	Medium	High	
1 December of Gomes who were Advised on Breast feeding	38.3	36.2	47.7	19.2	38.3	20.8	46.3	44.1	29.0	53.5	43.7	
t distribution** of women who distribution advice of advice Nur Relatives/F	54.7 27.3 0.0 18.9	48.6 32.4 0.0 20.2	76.1 9.5 0.0 14.2	20.0	.25.3 .25.3 .0.0	40.0 6.6 6.3 0.0	40.0 42.0 0.0 18.0	86.6 13.3 0.0 3.3	41.8 32.5 0.0 27.9 0.0	62.2 26.6 0.0 11.1	85.7 0.0 0.0 14.2	
2a. Percent of women who breastfed the child without squeezing out the milk	45.9		54.5	38.4	44.3	33.3	45.3	60.2	37.1	53.5	87.5	
2b. Percent of women who breastfed the child Within two hours of birth After two hours but same day After two hours but 3 days	31.0 41.1 26.2	31.8 40.2 25.9	27.2 45.4 27.2 0.0	42.3 46.1 11.5 0.0	30.2 39.4 28.1 2.1	27.7 48.6 23.6 0.0	36.15 37.0 24.0 2.7	26.4 39.7 32.3 1.4	30.4 43.9 24.3	35.7 39.2 22.6 2.3	12.5 25.0 62.5 0.0	
3. Percent of women# whose children were on	54.2	54.8	50.0	75.0	53.8	54.5	50.0	62.5	56.5	5 50.0	50.0	-01
4. Percent of women## whose children were breast-fed exclusively for atleast four months	25.3	24.2	30.0	31.8	25.1	26.2	25.0	25.0	23.3	2 24.	3 50.0	0
5. Percent of women## who introduced their children to semi-solid food at 4th or 5th month	49.7	51.4	42.5	36.3	53.4	55.7	43.4	53.3	50.	4 47.	3 57.	
6. Percent of women## who introduced their children to solid food at 6th to 12th month	71.6	74.1	0.09	77.2	71.8	67.8	77.2	9.99	72	.17 9.	.2 61.	.5
Number of Women	248	204	44	26	185	72	108					
	trailingland have	0 1 0										

Literate persons with no years of schooling is included here. Percentages exceed 100 due to multiple response with youngest child born after 1-1-1996.

Women whose children were less than 4 months at the time of survey women whose children were 4 months or older at the time of survey women whose children were 6 months or older at the time of survey

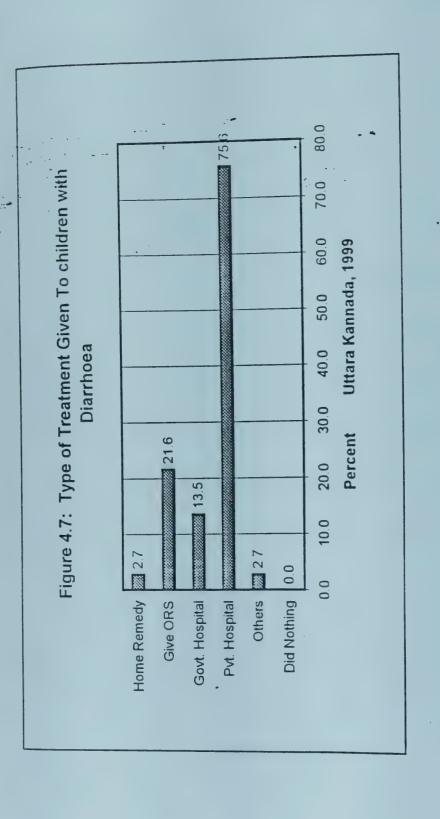
Puble 4.11 AWANENESS OF DIARRHOEA AND PNEUMONIA tree 1-1-96, who are aware of diarrhoea and danger signs of Pneumonia and placthoea during diarrhoea and fineumonia episodes in Uttara Kannada District in Karnataka state

	TOTAL	Resto	esidence	Cast	9	P.3	Education		Standard	of Living	Iridex
AMARENESS OF DIARRHOEA AND PNEUMONIA		Rural	Urban	SC/CT	Other	Illit.	0-98 years	10 years	Low	Medium	High
1. Purcent of women awais of what to do it child guts a. Percentage distribution of women* by reported type of practices to be followed if child gets	62.5	60.7	70.4	57.6	64.3	45.8	61.1	, 82.3	50.6	78.5	87.5
Sugar Salt solution Continue normal food Continue breast feeding Give plenty of fluids Others	68 - 442 - 642 - 6	0000000	38 1188 1188 108 108 108 108 108 108 108	00 00 00 00 00 00 00 00 00 00 00 00 00		040000	WOU ON WE	10.2 10.2 10.2 17.9 17.9	L & WO & VI &	80 4 W W 4 W 5 W 5 W 5 W 5 W 5 W 5 W 5 W 5	25.68 118.77 25.00.00 25.00.00
2. Percent of women whose childs suffered from Slastinger during Two Months Prior to Survey a. Percentage distribution of women** by type of treatment given to children with diarrhoea					i m .					. 0	, ,
Treated in Government Hosp.  Treated in Drivate Hosp.  Treated in Private Hosp. Others	13.5	17.5.6	000000	00000	76.00	33.2000	11400	28.5 0.0 78.5 0.0	73.00	0 6 8 8 8 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	000000
Pneumonia a. Percentage dis dunjer signs Not Excessively Drowsy	28.2 26.6 14.5 0.0 11.2 0.0	27.4 114.2 2.4 10.0 0.0	31.8 9.10 9.00 9.00 9.00	23.0 115.0 0.0 0.0 0.0	29.1 27.0 15.6 0.0 0.0	7.9.6 6.9.6 0.00 0.00	. 20.3 12.0 12.0 6.0 6.0	20.00 20.00 20.00 0.00	20.2 19.5 10.1 10.1 0.0 0.0	0000000	43.7 18.7 16.2 0.0 0.0
Condition gets Worse than before Rapid Breathing  1. Fercent of women whose Childs suffered from Pneumonia during Two Months Frior to Survey  2. Percentage distribution of women** by type of treatment Treated in Government Hosp. Treated in Private Hosp. Treated in Private Hosp.	115. 115. 66. 66.	69.22 E 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									0 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Number of Women	248	204	44	26	185	72	108	69	148	84	16

Literate persons with no years of schooling is included here.

Percent exceeds 100 due to multiple response.

With youngest child born after 1-1-1996.\$ Children born since January 1996. m:.



#### CHAPTER 5

#### **FAMILY PLANNING**

Family planning knowledge and services and its side effects among currently married women are explained in this part.

## 5.1 Knowledge of Contraceptive Methods

Knowledge regarding any one modern contraceptive method is universal, while it is lower regarding spacing methods (85 per cent). Knowledge gradually declined for other methods – male sterilization 74 per cent, IUD 83 per cent, pill 76 per cent, and condom only 62 per cent. Knowledge about traditional methods were reported by few. Literate and better off sections have relatively higher understanding about these methods (Table 5.1).

## 5.2 Current Use of Contraception

Acceptance of contraception is much better in Uttara Kannada district as two-third of current; married women are currently practicing contraception. There is rural urban differences in terms of contraceptive practice. Use of methods other than female sterilization was very low (Table 5.2). Acceptance of contraception increases with the number of living children (Table 5.3 and Fig 5.1).

## 5.3 Source of Motivation and Supply of Modern Methods of Contraception

Most of the contracepting of women reported that they were self-motivated followed by hearth personnel and by their husbands. Motivation by other sources such as health personnel was 22 per cent. Sterilization services were mainly provided by government health facilities (82 per cent. Table 5.4).

# 5.4 Side-Effects of Contraception and Satisfaction with Current Use

Only 3.2 per cent of adopters of contraception were informed about the side effects and per cent of adopters had experienced side effects such as Weakness, Body ache, Cramps experienced of acceptors were visited by health workers after acceptance. Most of the acceptor expressed satisfaction with the current use (Table 5.5).

## 5.5 Reasons for Discontinuation of Use Current Non use of Contraception

Thirty seven per cent of women who had discontinued reported that they wanted a chi They were only 24 in number (Table 5.6).

## 5.6 Advice on Contraception and Intention to Use in the Future

Over two-third of the women who had never used any contraceptive method in the preported variety of reasons that one are put in 'others' category. Afraid of side effects difficute to get pregnant and against religion were some of the reasons cited for non-use (Table 5.6).

#### 5.7 Unmet Need

About half of non-users were advised to use contraception to limit their family something of them were advised to opt for female sterlisation followed by IUD (32 per cention) only two per cent were advised about Nirodh. This indicates that female sterilization estimated the most emphasized method in the programme (Table 5.7).

Eighty per cent of non-users expressed their intension to use a contraceptive method the future. Eighty six per cent of them preferred female sterilization and only 11 per spacing methods (Table 5.7). Because of higher acceptance of contraception the unmet need

family planning is at 10.6 per cent – 5.7 per cent for limiting and 4.8 per cent for spacing (Table 5.8).

### 5.8 Male's Choice of Family Planning Methods

Most of the males in 20-54 age group have shown preference for female sterilization (58 per cent). Male methods like Condom/Nirodh were preferred by 30 per cent of males. One of the important reasons reported for preferring female sterilization by males is the fear of weakness (77 per cent). Other reasons cited are lack of sexual pleasure (6.8 per cent), fear of operation (2.2 per cent) and other s (Table 5.9). A total of 836 male respondents were covered in the survey.

Table 5.1 KNOWLEDGE OF CONTRACEPTIVE METHODS

Percentage of Currently Married Women age 15-44 years Knowing Contraceptive Method by selected background characteristics in Uttara Kannada District in Karnataka state

	TOTAL	Resi	Residence	Caste	te	Ec	Education		Standard	of Living	Index
Method		Rural	Urban	sc/cr	Other	Illit.	0-9@ years	10 years & above	Low	Medium	High
1. Percent of women knowing All modern methods Any modern spacing method Any modern method Any method	55.3 85.1 99.6	54.0 84.1 99.5	60.5 89.1 100.0 100.0	41.9 74.0 98.7	55.9 86.0 99.6	28.7 71.2 100.0 100.0	59.7 87.8 99.1	85.1 100.0 100.0	39.6 77.6 99.3	76.1 94.5 100.0	82.3 100.0 100.0 100.0
2. Percent of women* knowing specific method Female Sterilisation Male Sterilisation IUD/Loop Daily Fill Weekly Fill Condom/Nirodh Rhythm/Periodic Abstinence Withdrawal Other Modern Methods	99.4 76.0 79.6 79.6 79.6 0.3	99 94 94 94 94 94 94 94 94 94 94 94 94 9	100 17.7 86.6 80.2 52.22 56.3 6.3 0.0	2.45 6.45 1.25 6.45 6.45 6.00 7.10	999.6 77.9 61.8 61.8 61.0	100.0 57.8 70.5 59.0 225.6 34.1 45.5 0.7	98.8 77.5 86.0 79.8 67.1 60.0 6.8	100.0 90.6 98.3 96.7 96.7 179.1 179.1 175.0	99.1 64.7 76.1 65.8 259.7 46.1 50.3 3.5 0.4	100.0 85.9 93.7 91.4 839.3 12.8 0.3	100.0 91.1 97.0 92.5 76.4 13.2 0.0
Number of Women	781	624	157	81.	611	261	338	182	457	256	68

d Literate persons with no years of schooling is included here.
\* Percentage exceeds 100 due to multiple responses.

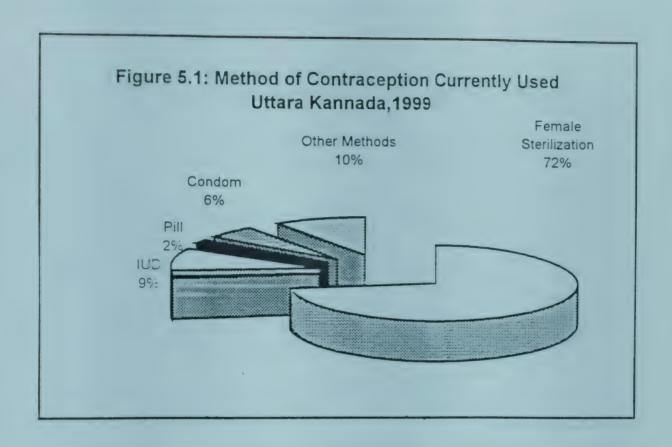


Table 5.2 CURRENT USE OF CONTRACEPTION

Percentage of Currently Married Women age 15-44 years Using Contraceptive Method by selected background characteristics in Uttara Kannada District in Karnataka state

	TOTAL	Resi	Residence	Caste	te	EC	Education		Standard	of Living	Index
Method		Rural	Urban	SC/CT	Other	Illit.	0-90 years	10 years & above	Low	Medium	High
1. Percent of women/husbands using any method a. Any Modern Method i. Any permanent method ii. Any spacing method b. Any Traditional method	66.0 59.6 48.2 11.4 6.4	65.8 60.5 50.0 10.5	66.8 56.0 41.4 14.6	66.6 65.4 61.7 3.7	66.7 60.5 47.9 12.6 6.2	69.7 68.2 65.1 3.0	65.0 58.5 47.0 11.5 6.5	62.6 49.4 26.3 23.0 13.1	64.1 60.8 55.5 5.2 3.2	70.3 59.7 40.2 19.5	63.2 51.4 29.4 22.0
2. Percent of women/husbands using specific method Female Sterilisation Male Sterilisation IUD/Loop Pill Condom/Nirodth Rhythm/Period Abstinence Withdrawl Other Modern Methods Other traditional Methods	6.00 1.11 1.11 1.00 1.00 1.00	2 000004000 04000	40.1 1.21 7.62 1.44 10.1 0.00	60.0 1.2 1.2 1.2 1.2 0.0	47.0 0.0 0.0 0.0 0.0 0.0 0.0	64.3 1.1.1 0.00 0.00 0.00	46.1 0.8 0.8 3.8 9.9 0.0	26.3 0.0 12.6 2.2 8.2 12.0 1.1 0.0 0.0	55.3 0.2 1.7 1.7 2.1 3.0 0.0 0.0	39.0 1.1 12.8 1.1 1.1 5.4 9.3	27.9 11.4 10.2 4.4 7.3 111.7 0.0
3. Non Users	33.9	34.1	33.1	33.3	33.2	30.2	34.9	37.3	35.8	29.6	36.7
Number of Women	781	624	157	81	611	261	338	8 182	457	256	89
@ Literate persons with no years of schooling is included here.	ed here.					••					

Table 5.3 Contraceptive Prevalence Rate by Selected Characteristics ... Fellent of Current Married Women age 15-44 years by Current Use and ever use of Contraception by Selected Background Characteristics in Uttara Kannada District in Karnataka state

			Current	Use Statu	57	. Use	a	No. of
ckground Characteristics		Use Modern Method	Use Tradit. Method	Use Any Method (CPR)	Not use any method	Ever	Never	, , , ,
Age group	15-19 20-24 25-29 30-34 35-39	13.6 28.6 57.1 73.4 74.6	0.0 4.1 8.6 9.9 2.0	13.6 30.0 61.9 61.9 82.0 79.4	86.3 69.9 38.1 17.9 16.4	13.6 66.6 85.5 82.9	86.3 66.4 33.3 14.4 17.0	22 143 168 178 134
. Surviving children	0 1 2 0 or more	3.4 32.3 63.7 84.7	0.0 3.5 12.3 4.8		96.5 64.0 23.8 10.3	44.3 80.2 90.9	95.4 55.6 19.7 9.0	243
. Surviving sons	0 1 or more	23.2 63.2 84.5	5.6	28.9 70.1 90.9	71.0	34.1 74.7 91.7	65.8 25.2 8.3	, 211 305 , 265
4. Surviving daughters	0 1 or more	39.2 66.0 73.8	6.3 6.3 6.3	42.8 72.3 83.4	57.1 27.6 16.5	46.0	53.9	252
5. Feligion	Hindu Muslim Other	61.4	11.1	67.1 60.4 58.0	32.8 39.5 41.9	70.8	29.1 38.2 38.7	669
6. Standard of Living Index	Low Medium High	60.8 59.7 51.4	3.2	. 70.3	35.8 29.6 36.7	66.3	33.7	457 256 68
All Women		59.6	6.4	0.99	33.9	69.5	30.4	781

Table 5.4 SOURCE OF MOTIVATION AND SUPPLY FOR MODERN METHODS OF CONTRACEPTION
Percentage Current Users of Modern Methods of Contraception by Source of Motivation and Source of Supply by Method of Use in Uttara Kannada District in Karnataka state

			Method of Contraception	Contrac	eption	
Source	Female Steril.	Male Steril.	IUD/Loop	P111.	Condom/ Nirodh	Any of the 5 Modern Methods
1. Percentage distribution of women by source of motivation for contraceptive use Husband Husband Friends/Relatives Health Personnel Media	56.4 19.3 1.6 22.3 0.0	80.00 0.00 0.00	31.2 6.2 4.1 58.3 0.0	33. 111. 111. 100.0 0.0	10.3 65.5 3.4 20.6 0.0	50.1 21.3 1.9 26.3 0.0
2. Percentage distribution of women by source of supply of method Government Health Facility Private Health Facility Others	82.5 17.4 0.0	100.0	37.5	55.5 11.1 0.0 33.3	34 0	76.8
Number of Current users	372	. 2	48	,	29	463

Table 5.5 HEALTH PROBLEM AND SATISFACTION WITH CURRENT USE Four translation by Health Problems with the use of the Nethod and Type of Treatment Sought for the Problem by Method of Use in Uttara Kannada District in Karnataka state

			Methodyof	4	Contraception	6
	Female Steril.	Male Steril.	IUD/Loop	Pill	Condom/ Nirodh	Any of the 5 Modern Method
<ol> <li>Percent who were Informed about the Side Effects before adopting the Method</li> </ol>	3.2	0.0	25.0	33.3	6.9	6.2
2. Percent who had Side Effects/Health Problems due to Use of Contraceptive Method a. Percent of Women/Husbands' by Type of Health Problem/Side Effects	6.1	0.0	в. Б.	11.1	·	. 0.9
Weakness Body Ache	9 m c	000	4.1	000		
Cramps Weight Gain Dizziness		000	000		•	0 0 1
Vomiting Breast Tenderness Irregular Periods	000		000	000	• -	
Excessive Bleeding Spotting White Discharge	0.00		0000	0000	.*	സ പു ത പ
Percent of Current Users with Side Effects/Health Problems who Sought Treatment for the Problem	ů,		4.1	0		
treatment by Source of treatment He Government He Private He	y 60.0 y 40.0	* * * *	50.0	* * * * * * * * * * * * * * * * * * *		59.0 40.9
4. Percent of Current Users who had Follow up visit by Health Worker after Adoption of Contraception	55.3	0.0	41.6	55.5	24.1	51.4
5. Percent of Current Users who are Salisifud with the Contraceptive Method of Current Use	93,2	100.0	97.9	100.0	100.0	94.8
tont Users		க	46	-	29	461
					-	The state of the s

· Percentage may exceed women having side effects due to multiple response.

Table 5.6 REASON FOR DISCONTINUATION OF USE AND NON-USE
Percentage Distribution of Past Users by Reason for Discontinuation of the Method and Current Non-Users by Reason for Non-Use in Uttara Kannada District in Karnataka state

	TOTAL	Resi	Residence	Caste	te.	EC	Education		Standard of	of Living	Index
		Rural	Urban	SC/CT	other	Illit.	0-90 years	10 years	Low	Medium	High
1. Number of Past Users * (Current non-users)	24	16	æ	1	21	2	11	11	O	8	7
a. Reason for Discontinuation	37.5	31.2	50.0	0.0	42.8	50.0				37.	42.8
Method failed/became pregnant	4.1	6.2	0.0	0.0	4.7	0.0				0	14.2
Supply related problem	0.0	0.0	0.0	0.0	0.0	0.0				0 0	0.00
Side effects/health problems	45.8	50.0	37.5	100.0	42.8	50.0				200	78.0
Method was inconvenient	0.0		12.5		0.0	0.0	0.0	0.6	000	12.5	0.0
Other	8.3	12.5	0.0	0.0	4.7	0.0				o	14.2
2. Number of Current Non-Users **	45	34	11	9	. 29	13	. 22	10	30	14	-
a. Reason for Non-use Lack of Knowledge about FP Method	0.0	0.0	0.0			0.0	0.	0			
Against Religion	2.2	0.0	0.6	0.0	0.0	0.0	0.0	10.0	0.0	7.1	0.0
Opposition to Family Planning	0.0	0.0	0.0			0.0	0	0			
Afraid of side effects	24.4	32.3	0.0			38.4	27.	0			
Costs too much	0.0	0.0	0.0			0.0	· ·	0			
Hard/Inconvenient to get	0.0	0.0	0.0	-		0.0	0	· ·			
Difficult to get pregnant	9.9	8.8	0.0			9.6	9	0		_	
Others	9.99	58.8	6.06		٠	53.8		0.06			

Literate persons with no years of schooling is included here.

Excludes Women who are in Menopause or Undergone Hysterectomy.

Excludes Women who are Currently pregnant/Want child immediately (within 23 months)/in Menopause/ Undergone Hysterectomy.

00 8000 00 0000 11.7 0 High Ferent of Current Non-Users who were Advised by the ANM/Health worker to use Contraception by Suggested Method; and who intend to of Living 79.7 76.2 20.3 1.6 0.0 Med1um 32.00 Standard 82.6 92.7 0.8 0.8 0.0 0 52. LOW 23.2 23.2 11.7 5.3 40.00 0.00 0.00 0.00 0.00 0.00 83.5 10 years 4 above 5.00 31.0 76.9 Education years 06-0 28.2 28.2 2.5 5.1 91.2 68 Illit. 84.9 0.6 0.6 1.9 189 9 Other Caste 91.6 14.2 24 m SC/CT 21.2 25.0 67.3 32.6 Residence 88.6 7.7 1.2 1.2 83.9 199 33.0 33.0 22.7 6.0 86.5 10.0 1.0 1.5 248 80.6 61.6 0.0 32.0 3.2 0.8 50.4 Female Sterilisation Male Sterilisation IUD/Loop Condom/Nirodh Others Female Sterilisation Male Sterilisation Condom/Nirodh use IUD/Loop Pill to Percentage Distribution of Women intending Use Contraception/Future Intention to Percentage Distribution of Women who were Advised by Method Advised use contraception in future by preferred 10 Percent of Current Non-Users\* Intending Current Non-Users\* Advised by ANM/Health Worker to use Contraception Use Contraception in Future Number of Non-users Percent of 200 A.t. 1 Sed

ALVISE ON CONTRACEPTIVE USE AND FUTURE INTENTION TO USE

6

21:121

Women who are Currently pregnant/in Menopause or Undergone Hysterectomy Literate persons with no years of schooling is included here.

Percent of Currently Married Women age 15-44 years with Unmet Need for Family Planning by selected background characteristics in Uttara Kannada District in Karnataka state Table 5.8 UNMET NEED

Uttara Kannada District in Karnataka state						EG	Education		Standard of Living Index	of Living	Tugex
	TOTAL	Resi	Residence	Caste	re					:	4 - 111
							0	J. C. C. D.	T.OW	Medium High	High
Unmet Need*		Rural	Urban	SC/CT	sc/cr other	Illit.	Illit. 0-90	K labove			
	_						-			6 2	10.2
	+		,	1 2	6.7	9.4.6	5.3	8.2	0.4		
	5.7	5.2	9.7								-
1. Limiting							4.6 5.0	4.9	5.9	3.9	→
	4.8	4.6	2.7	1.0	-		ر مدر سرر				11 7
2. Spacing		(		2000	10.6		10.3	13.1	10.7	10.1	
	10.6	9.9				١					68
3. Total					7.50	261		338 7 182	457	007	
	781	624	157	81	110						
Nimber of Women					-						

Literate persons with no years of schooling is included here.

Unmet need for 1. Limiting: The Proportion of currently married women who are neither in menopause nor had 1. Limiting the proportion of currently pregnant and do not want any more children but are not currently using any family planning method.

: The Proportion of currently married women who are neither in menopause nor had hysterectomy nor are currently pregnant and who want more children but after 24 months or more and are not currently using any family planning method. Spacing

: Unmet need for Limiting and Spacing.

Total

2

Table 5.9 Mule Choice of Family Planning Methods for Limiting in Uttara Kannada district in Karnataka state

Percent

	58.0 0.2	30.8	8 F. T.	2.2	836
1. Percentage distribution* of males age 20-54 by choice of Family Planning Method for couples who want no more children Method Choice 1. Female methods	Female Sterilisation Copper-T/Loop	2. Male methods  Male Sterilisation  3. Others	2. Percentage distribution* of males who choose female methods by reasons for not choosing a male method Lack of Sexual Pleasure Fear of Impotency Fear of Method Failure	Fear of Operation Fear of Weakness Others	Number of male respondents  Total percent exceeds 100 due to multiple response

### CHAPTER 6

# ACCESSIBILTY AND PERCEPTION ABOUT GOVERNMENT HEALTH SERVICES

In this section, presentation of client's perception about health workers and government health services has been shown.

### 6.1 Home Visit by Health Workers

One of the important functions of health workers is to provide health care services to people in their homes. Over two-thirds of the respondents (68 per cent) were visited by he workers (ANM) at home, mostly in villages. Ninety three of respondents expressed satisfaction with the time spent by ANMs (Table 6.1).

In 6 per cent of households ANM counseled unmarried adolescent girl and less than 3 cent households received Iron and Folic Acid tablets for adolescent girl.

### 6.2 Client's Perception of Quality of Government Health Services

Currently married women in 15-44 age group who had visited a government health factorial like Hospital. Community Health Center (CHC). Primary Health Center (PHC) or Sub Ce (SC) were asked whether they were satisfied with the services provided and the way facilities functioned. On the whole they were satisfied with centers' time, location, available of personnel, and their behavior, availability of medicines and effectiveness of treatment. Ni six per cent of them expressed that they were satisfied and would recommend to other six per cent of them expressed that they were satisfied and would recommend to other six per cent of them expressed that they were satisfied and would recommend to other satisfied and would recommend to other six per cent of them expressed that they were satisfied and would recommend to other satisfied a

However, only 10 per cent of respondents had visited the health facility three months prior to survey (Table 6.2).

#### 6.3 Reason for not visiting Health Centre

Over 50 per cent of respondents felt that there was no need to visit any health center. Among the other reasons mentioned for not availing these facilities are prefer private clinic doctor, poor quality of services, place/time inconvenient, etc. Preference for private clinic doctor was more among the educated and better off sections of the community.



Table 6.1. HOME VISITS BY HEALTH WORKERS

Percent of Currently Married Women age 15-44 years from Rural Areas who Reported Home Visits by Health Worker in Karnataka state by range of Health Worker Visited and Satisfaction by selected background characteristics in Uttara Kannada District in Karnataka state

by Type of Health Worker Visited and Satisfactor										Sabash Ta	Tropox
	TOTAL.	Resi	Residence	Caste	e	Ed :	Education		Standard of Living	הוידאדיו דם	
Visit/Satisfaction		Rural	Urban	sc/cr	Other	Illit.	0-90 years	10 years	Low	Medium	High
						-					
1. Percent of respondents who were visited by Health Worker at home during 3 months prior to survey	68.3	7.77	31.2	61.7	70.0	67.8	72.4	57.1	73.5	66.8	39.7
a. Percentage distribution* of Women by category ANM/LHV of Health Worker visited Health Worker Male Anganwadi Worker	96.2 17.6 22.1	95.8 18.3 22.6	100.0	98.0 16.0 26.0	17.9	94k3 14.1 28.8	96.7	98.0 22.1 9.6	94.6 17.8 25.8	98.8 15.2 16.9	100.0
2. Percent of Women visited by ANM at Home who Expressed Satisfaction over the Amount of Time	93.4	93.2	95.9	96.0	92.5	92.0	93.4	96.1	91.3	96.4	100.0
Spent by ANM	101		157	18	611	261	338	182	457	256	89
Total Number of Women	101	170									
3. Percent of households where ANM counselled	6.0	7.6	0.0	0.0	7.5				6.3	7.5	0.0
4. Percent of households where ANM distributed 1FA	3.0	2.8	3.5	0.0	3.7	1 ±	· Carro		2.5	5.0	0.0
tablets to adolescent girls and 15-19	132	104	28	15	106				79	40	13
Number of Households with Unimalited Silis age 1											

@ Literate persons with no years of schooling is included here.
\* Total Percent may exceeds 100 due to multiple response.

SA

Percentage Distribution of Currently Married Women age 15-44 years who Visited wedge the Mealth Facility by Type of Facility and Satisfaction over Facility, in Uttara Nannada District in Karnataka state 19.0 Total 9.0 2 SC PHC of Facility Table 6.2 QUALITY OF GOVERNMENT HEALTH SERVICES AND CLIENT SATISFACTION 0.1 CHC Type 98.7 97.8 998.3 100.0 96.3 96.3 96.3 10.3 81 Govt. Hosp. Treatment free No Waiting Time at Centre Privacy for Physical Examination Centers Staff Friendly Staff Ready to Explain how to Take Medicines Treatment at Centre Effective Centre Good enough to Recommend to others Centers Time Convenient Centers Location Convenient Doctor/ANM Available for the Treatment Medicines at the Centre Percent of women who visited Health Centre during three months prior to survey Visit to Facility and Satisfaction Percent of women who found Number of Women -

Table 6.3 REASONS FOR NOT VISITING HEALTH CENTRE
Percent of Currently Married Women age 15-44 years reporting reasons for not visiting health centres by background characteristics in Uttara Kannada District in Kannalaka state

Ultard nammana District in Nathana											Todoc
	TOTAL.	Resi	Residence	Caste	e	. Ed	Education		Standard of Living index	OI LIVING	Vapril
										Me of the	High
Reasons		Rural	Urban	SC/CT	Other	Illit.	0-90 years	10 years	мол	me Toek	::67::
										25 0	20 5
1. No need 2. Place/time inconvenient 3. Poor quality of service 4. Heavy rush 5. Non/rare availability of doctors 6. Doctors/workers do not examine/behave properly 7. Medicine not given/are of bad quality 8. Services are charged 9. Prefer private clinic/doctor 10. Other	50.1 3.1 1.1 1.1 28.1 7.0	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	37.7 8.11 8.11 3.7 2.2 2.2 37.0 37.0	67.1 7.8 1.5 3.1 0.0 0.0 1.5 0.0	49.5 5.8 3.2 2.8 2.8 2.8 2.8 2.8 2.8 2.8 2.8 3.5 5.8	64.0 0.44.2.3.8 0.00 0.00 0.00 0.00	080227.000 0000000000000000000000000000000	32.6 6.4 3.2 3.2 5.7 1.2 0.0 41.6 2.5		n n	3.50 1.60 1.60 1.60 1.60 1.60
the company of the co	632	497	135	64	497	506	270	156	357	214	
Number of women											
	1 1 1 1										

Literate persons with no years of schooling is included here.

#### **CHAPTER 7**

#### REPRODUCTIVE HEALTH

This chapter describes about respondent's awareness on RTL'STI and HIV (AIDS) and reatment sought among the respondents.

#### 1.1 Awareness about RTI/STI and HIV (AIDS)

About 13 per cent of respondents reported that they were aware of Reproductive Tract infection (RTI). Awareness in urban areas was slightly better – 1<sup>-</sup> per cent compared to 12 per cent in rural areas among males. It is similar in urban as well as in rural areas (20 per cent) rural among females. Among males, electronic media. Newspaper and friends and relatives were the major sources of knowledge. Among females, friends relatives, newspaper and electronic media were the main providers of knowledge. Sexual intercourse was reported as the main mode of ransmission of RTI by males. Lack of personal hygiene was reported by female respondents for ransmission. Do not know was also reported by 41 per cent female respondents. Most of them felt that RTI is curable (Table 7.1).

About one fourth of male and 13.9 per cent of female respondents were aware of Sexually Transmitted Infection (STI). Urban reponsents had better awareness than their rural counter parts. Electronic media, friends relatives and News paper were the main providers of this knowledge. Over 94 per cent of male and 85 per cent of female respondents reported that sexual intercourse as the main mode of Transmission. Blood Transfusion and Mother to child were the other reasons cited for transmission of STI. Over half of male respondents and three-fourths of female respondents felt STI was curable (Table 7.2).

Awareness about HIV (AIDS) was much better among male than female responde 89 per cent males and 70 per cent females were aware of HIV (AIDS). Electronic Me friends/relatives and Newspaper were the main providers of this knowledge. Sent intercourse, needles, mother to child and blood transfusion were reported as the main mod transmission. Most of the respondents (above 80 per cent) felt that careful use of Condom du intercourse, safe sex, check blood before transfusion and sterilization of syringes and need were reported as the main ways to prevent HIV (AIDS). Over half of both male and fer respondents had misconception about the disease (Table 7.3).

## 7.2 Prevalence of RTI (Self Reported Symptoms)

Only 2.5 per cent of male respondents and 14.4 per cent of female respondents had report at least one symptom of RTI. Over 48 per cent males and 58 per cent females with RTI so treatment. While private doctor treated most of male respondents, majority of females so treatment both private and government hospitals (Table 7.4).

Fercent of Male and Female Respondents who are aware of RTI, Source of Knowledge, Knowledge of Mode of Transmission and Curability in Uttara Kannada District in Karnataka state Table 7.1 KNOWLEDGE OF REPRODUCTIVE TRACT INFECTION

		Male			Female	
Source/mode of transmission/curability	Total	Rural	Urban	Total.	Rural	Utban
Percent of Respondents who are Aware of RTI	12.8	11.5	17.1	20.8	20.8	21.0
a. Percent Distribution* of Respondents by Source of Knowledge News Paper News Paper Doctors Health Workers	559.8 113.0	52.0 13.3	7.89 7.8.1 12.5	81 8 80 1.0 4 4.0 8 L C	27.6	42.4
b. Percentage distribution* of Respondents by knowledge of Mode of Transmission Sexual Intercourse Lack of Personal Hygiene Cthers	31.7 31.7 5.6				510.0	1.81.
c. Percentage distribution of Respondents by knowledge about Curability Curable Not curable Do not Know	58.8 28.9 12.1	60.0 26.6 13.3	34.3	71.1 28.8 0.0	73.8	3.00.0
Number of Respondents	836	649	187	781	624	-4,57

Total Percent may exceeds 100 due to multiple response.

Table 7.2 KNOWLEDGE OF SEXUALLY TRANSMITTED INFECTION
Percent of Male and Female Respondents who are aware of STI, Source of Knowledge, Knowledge of Mode of Transmission and Curability in Uttara Kannada District in Karnataka state

-	Urban	15.2	, 75.0 0.0 0.0 41.6	83.3 4.1 0.0 8.3	70.8 8 4.1 25.0	
Female	Rural	13.6	31.7 35.22 2.3 8.2 64.7	85.8 3.5 3.5 1.1	75.27	
	Total.	13:9	35.73 44.0 1.8 6.4 59.6	85.3.7.2.7.7.2.7.14.6	74.3	
	Urban	31.5	79.6 72.8 6.7 5.0	88 64 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	  	18
Male	Rural	22.9	70.4 53.0 6.0 6.0	955.3 24.1 4.0		13.4
	Total	24.8	73.0 58.6 6.2 5.7	94 24.4.7 7.8.3.9	53.8 33.1	12.9
40 000	occupation/constants of transmission/curability	1. Percent of Respondents who are Aware of STI	a. Percent Distribution* of Respondents by Source of Knowledge News Paper News Paper Doctors Health Workers Friends/Relatives	b. Percentage distribution* of Respondents by knowledge of Mode of Transmission Sexual Intercourse Mother to child Blood Transfusion Others	c. Percentage distribution of Respondents by knowledge about Curability Not curable	Number of Respondents

Percent exceeds 100 due to multiple responses.

83.5 22.6 0.7 7.0 82.0 57.0 15.6 42.9 0.7 75.0 34.3 12.5 14.0 0.0 32.0 Urban 81.0 21.0 3.3 111.1 884.6 13.9 41.4 0.7 9. 7.8 80.0 27.7 16.8 31.9 11.3 67 Female Rural 884.0 555.0 14.3 41.8 0.7 81.6 21.4 2.7 10.1 51.8 7.6 259.2 15.8 32.5 12.0 16.3 50.7 4 Total 70. 480.00 4.63.7 90.0 61.6 2.7 22.7 224.4 70.5 0.5 9.5 35.0 7 Urban 91.8 64.5 7.6.7 1.9 10.5 79.8 44.0 3.7 3.1 26.2 67.3 Rural Male 85.8 26.1 50.9 6.9 91.3 67.2 10.8 31.7 10.3 59.5 882.3 48.3 22.5 25.4 Total Percent of Respondents by having Misconceptions Curable Check blood prior to transfusion Sterilize Needles & Syringes for Injection Avoid Pregnancy when having HIV-AIDS Virus Percentage distribution\* of Respondents with misconceptions about mode of transmission by type of misconceptions Condom in each sexual intercourse Safe sex Others Do not know Needles/Blades/Skin Puncture Blood Transfusion Do not know Electronic Media News Paper Doctors Health Workers Friends/Relatives Sexual Intercourse Mother to child Percentage Distribution\* of Respondents by Source of knowledge Percentage distribution\* of Respondents by knowledge on Mode of Transmission Percentage distribution of Respondents by knowledge about Curability cutability/prevention/misconception Percentage distribution\* of Respondents aware of Prevention by Type of Measures ---MIV (AIDS): Awareness/mode of transmission/ of Respondents who are Aware of District in Karnataka state about HIV (AIDS) Percent . ů. ۵.

Ferent of Male and Female Respondents who are aware of HIV (AIDS), Source of Knowledge.

Percent exceeds 100 due to multiple responses.

Respondents

Number of

21.00.01

20.04.0

5.0 13.8 14.0 20.3 18.3

16.7.9 10.23 30.23

35.25 35.25 35.25 35.25 35.25 35.25

201.7 200.8 200.8 200.8 200.8

> Kissing Sharing Cloths

Sharing Kitchen Utensils

Stepping on Urine/Stool Mosquito, Flea or Bedbug Bites

Shaking Hands

Hugging

157

624

781

1,87

Table 7.4 PREVALENCE OF RTI AMONG MALE AND FEMALE RESPONDENTS

Percent of Respondents having RTI Problems and Type of Treatment Uttara Kannada District in Karnataka state

		۱					1 4 - 1 4	4	crandard	d of Living	g Index
	Total R	Residence	ø	Caste			Education				1 1 1 1 1 1 1
Prevalence of RTI and Treatment		Rural	Urban -	SC/CT	Others	Illit.	0-9@ years	10 years	Low	Medium	High
Males											
1. Percent of Respondents who reported at least	2.5	2.9	1.0	2.2	. 8				2.2	3.5	1.3
one symptom of KT1	! !		•		ميد. مان. ر				45.4	44.4	100.0
a. Percent of Respondents who sought treatment	47.6	47.3	20.0	20.0	0 - 1 - 1 - 2						
h parcent distribution of respondents who sought				9 				•			
treatment by type	(	6	000		. 6				20.0	50.0	
Gov	30.0	22.22	0.00	100.0	7.75				80.0	75.0	0.00
Private Doctor	0.0	0 0		0.0	0.0				0.0		
Male Health Workers	0.0	0.0	0.0	0.0	0.0				0.0	0.0	
Contract (contract)					220				489	275	72.
Total number of male respondents	836	649	187	88	/ 69	۱					
Females			1								
Thereart of Respondents who reported at least	:	•	12 7	œ	14.7	13.7	16.2	12,0,	61	16.4	ထ
			•	·	•					9 99	23
	4 9 3	43.7	80.0	37,5	61.1	47.2	61.8	68.1	20.1	0.00	•
a. Fercent of Respondents who sought treatment			) )					•			
b. Percent distribution of respondents who sought						,					
	24.2	28.0	12.5	33,3	23.6		23.5	13	2.1.2	82.1	100.0
private Doctor	72.7	70.0	81.2	9	72.7		85.0	, v			
WILL ANAL AND THE	7.5	8.0	6.2	0.0	ე. ი.						
Traditional Practitioner	1.5	.2.0	0.0	0.0	0.0	n c					
Relatives/Friends	0.0	0.0	0.0	0.0	0.0					ľ	
	781	624	157	81	611	261	338	3 182	457	7 25	9
Total number of female respondents					١	١					

d Literate persons with no years of schooling is included here.
• Data on education of male respondents was not collected in the survey.

### st of PSUs for Uttar Kannad District of Karnataka - 20

CMJ	CODE	BLOCK	VILLAGE		POPULATION
					82
	200040004000400064		KANKICHITTA		181
	200050005000500050		NIVLI		246
3	200110011001100051	YELLAPUR	SHISTAMUDI		312
4	200100010001000039	SUPA	NAGODA		364
5	200110011001100037	YELLAPUR	DEHALLI		413
6	200110011001100045	YELLAPUR	LALGULI		461
7	200090009000900136	SIRSI	MANADUR		522
	200020002000200007	BHATKAL	KITRE		566
9	200060006000600016	KUHTA	YELVALLI		637
10	200080008000800166	SIDDAPUR	HARSHIKATTA		706
99	200030003000300045	HALIYAL	BHANASGERI		769
• 2	200020002000200052	BHATKAL	KOHAR		828
93	200090009000900059	SIRSI	JANHANE		917
14	200040004000400023	HONAVAR	KULKOO		991
45	200040004000400072	HONAVAR	TALGOO		1073
16	200030003000300070	HALIYAL	TATTIGERI		1183
17	200090009000900018	SIRSI	BACHGAON		1328
18	200020002000200030	BHATKAL	MAVINKURVE . KALCHE		1422
19	200110011001100024	YELLAPUR	SHIRKULI		1531
20	200010001000100084	ANKOLA	BEDKANI		1672
24	200080008000800017	SIDDAPUR	KANGOO		1801
77	200080008000800044	SIDDAPUR	AGSUR		1972
23	20001000100010001	7 ANKOLA	KELGINOOR		2263
24	20004000400040006	2 HONAVAR	DIVGI		2538
35	20004000600060003	5 KUMTA	HARWADA		2775
25	20001000100010006	ANKOLA	CHANDAVAR		2881
77	20004000400040000	9 HONAVAR	CHIGALLI		3058
28	20007000700070001	5 MUNDGOO	SALKOO		3745
25	20004000400040001	5 HONAVAR	BELEKERI		4169
7	20001000100010006	7 ANKOLA	TERGAON		4349
7	2000200030003	3 HALIYAL	BAILUR		5188
7	20002000200020005	7 BHATKAL	KONDLI		6663 6923
7	20008000800080000	1 SIDDAPUR	BENGRE		8005
7	/ 20002000200020006	O BHATKAL	BHAVIKERI		9701
7	5 20001000100010008	6 ANKOLA	CHITAKULA		11842
7	4 20005000500050001	3 KARWAR	SHIRALI		13197
7	7 20002000200020005	9 BHATKAL	MAVALLI		2556
7	8 20002000200020005	6 BHATKAL .	Puttanmane	121	3317
7	2000901130050001	(Z)SIRSI OG	Ward 2		3699
4	0 2011301130010002	(14)SIRSI UA	Sirsi		4297
4	. 2000901130020001	(5)21K21 00 .	Ward 3		5341.
	2 2010101010000003	(2) ANKOLA THE	Ward 2 3		6064
4	3 20110011000000002	(11) KUMTA THE	Ambikanagara		6567
1	20003010000000001	(1) AMBIKANAGARA NHC	Ward 1		7234
1	5 2011001100000001	, ()) KUMIN III	ward 7		8146
4	4 2010901090000007	(10) KAKMAN CITE	Ward 4		10199
1	7 2011301130010004	(14)SIRSI UA -	Ward 3		12462
4	R 2011301130010003	(14)SIRSI UA -	Division 3		17078
	0 2010201020000003	(3)BHAIRAE III	Ward 1		
	50 2010401040000001	(5)DANDELI CMC			

### ANNEXURE - 2

# RAPID HOUSEHOLD SURVEY REPRODUCTIVE AND CHILD FIEALTH (RCH) PHASE II - 1999

Confidential for research purpose only

### HOUSEHOLD QUESTIONNAIRE

		IDENTIFICATION		
		IDEAL TO TOO		
STATE				
DISTRICT			_	
COMMUNITY DEVELOR	PMENT BLOCK			
PSU (VILLAGE/URB)				
VILLAGE SEGMENT/C	CENSUS ENUM	ERATION BLOCK		
TYPE OF LOCALITY	(RURAL-1,	URBAN-2)		
FEAD OF THE HOUSE				
NA:	SS			
AUDRE				
PESPONDENT		(AGE 20-54)		
		(AGE 55+)		
COLLY STREET OF	mur uniisri	HOLD QUESTIONNAIRE		
INTERVIEW T	Y . MON	TH YEAR	_	
DATE				
		***************************************		• 🐔 • • •
INTERWIENED		N THE HOUSEHOLD TO		
IF THERE IS MOR HOUSEHOLL INTER		ELIGIBLE WOMAN IN THE	,	
RESTITE CENTILS OF	. THE HATTER	HOLD QUESTIONNAIRE		
GOMPLETED (	T BÚT NO T	.1 DWELLING VACANT ADDR	RESS	
11		.2 DWELLING DESTROYED 3 DWELLING NOT FOUND		
		.4 OTHER		
		1YES 2NO		
COMPLETED	THE WOMAN	'S QUESTIONNAIRE NOT AT HOME		1 2 3 4 5 6 7
REFUSED.	3	PARTLY COMPLETED		
NAME SPOT C	HECKED BY	FIELD EDITED BY OFFI	CE EDI	LED BA KEAED BA
DATE				

# SECTION-I HOUSEHOLD CHARACTERSTICS

No.	QUESTION AND FILTER	CODING CATEGORIES	SKIP TO
101	How many persons, including small babies, usually live in your household?	PERSONS MALE	
	ವಮಾನ್ಯವಾಗಿ ಎಜ್ಜು ಜನ ವಾಸಿಸುತ್ತೀರಿ?	FEMALE	
202	How many eligible women are there in your household?  Ram and we was about and?	NUMBER	
.03	Please give the name of all eligible women. ಎಲ್ಲಾ ಅರ್ಹ ಮಹಿಳೆಯರ ಹೆಸರುಗಳನ್ನು ದಯವಿಟ್ಟು ತಿಳಿಸಿ.	1	
		4	
104	What is your religion? مشر تحضد مسترت ا	HINDU	Ages 11
105	a) What is your caste/tribe?  (Specify) b) Do you belong to Scheduled Caste, Scheduled Tribe or Other Backward Classes?  a: Am was/wasem wages?  (x2,652) b: And x3bz was x3bz word  www ass wower zare, 1:30;50?	OTHER BACKWARD CLASSES	
106	Mhas is the main source of drinking water for your household?  الله الله الله الله الله الله الله الل	TAP (INSIDE RESIDENCE/YARD PLOT . 1 TAP (OTHER)	
18.	ಾಗು ೧೯ ೧೯.೧೦ ೯೯೯೯ ಕ್ರಾಂಗಳು ೨೯೮೪ ಮನೆ ಕಟಡದ ವಿವರ (ಮೋಡಿ ಜರೆಯುರಿ)	POCCA CEMI-POCCA :	

		CODING CATEGORIES	SKIP TO
- 270	QUESTION AND FILTER	ELECTRICITY1	
2200	What is the main source of lighting for your household? Name and an animal and animal and animal ani	OTHER	
Q109	What type of fuel does your household mainly use for cooking? And well amees with a same act (20) consider?	WOOD	
Q110	What type of toilet facility does your household have?  معنى عنظم عنظ عنظ عنظ الله الله الله الله الله الله الله الل	CHARED MOILEL OF MAIL	
Q111	Does your household own any of the following? ನಿಮ್ಮಕುಟುಂಬವು ಈ ಕೆಳಗೆ ತಿಳಿಸಿರುವ ಸ್ವತ್ತುಗಳನ್ನು ಹೊಂದಿದೆಯೆ?	FAN	

## VITAL EVENTS SINCE JANUARY 1, 1996

YIIA.	L E V EI (13 C and		
Q112	Was there a birth, among the usual residents of this household since January 1, 1996? If yes, how many? (PROBE AND FIND WHETHER ALL LIVE BIRTHS DURING THE REFERENCE PERIOD ARE INCLUDED. EVEN IF THE CHILD IS NOT ALIVE AT THE TIME OF SURVEY)  1996ರ ಜನವರಿ ಒಂದರಿಂದ, ನಿಮ್ಮ ಕುಟುಂಬದಲ್ಲಿ (ಸಾಮಾನ್ರಮಗೆ ಪಾಸಿಸುವರಿಗೆ) ಯಾವುದಾದರೂ ಮಗುವಿನ ಜನನವಾಗಿದೆಯೇ? ಹೌದಾದರೆ, ಎಮ್ಮ ಮಕ್ಕಳ ಜನನವಾಗಿದೆ?	YES, NUMBER	→ Q114
		A CONTRACTOR OF THE CONTRACTOR	

Mas the death Teranges e den kisto de de de kisto de	YES1	YES1 NO2	YES1	YES1 NO2	YES1	YES1 NO2
(1) dead) have of the child at the time of days if a month) unstanded asy the contact acts (2000) (2000) (2000)	Days Months	Days Months	Days Months	Days	Days Months	Days
(g) 11 Yes, qo to next birth  th and accompantabe?  (a) and accompantabe?  (a) and another and another	YES1 NO3	YES1	YES1	YE.S1 NO2	YES1	YES1
(f) Order of birth abud ganos						
(e) Year of birth شاالتا						
(d). Nonth of birth wata	DK99	DK99	UK99	DK99	DK99	DK 99
Sex of the haby. reds/,	M - 1	M − 1.	M . 1	Α Ε Ε Ε Ε Ε Ε Ε Ε Ε Ε Ε Ε Ε Ε Ε Ε Ε Ε Ε	Σ - 1 - 2 - 3 - 1 - 1 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	Z 1
Name of the baby torbar and				•		
Mo Ko.	1.		~	-	· v	•

. 4

			CODIN	G CATEGORIE	ES IS
Q.No.	QUESTION AND FILTER	9	YES		
111	Was any child born alive sinc January 1, 1996 died subseque (IF A DEATH HAS ALREADY BEEN REPORTED ABOVE TABLE REPHRASE THE QUESTION BY "Besides the death already reported". IF 'YES' IN QUESTION FIND DETAILS AND ENTER IT IN QUESTION FIND FIND DETAILS AND ENTER IT IN QUESTION FIND FIND FIND FIND FIND FIND FIND FIN	O IN THE Y ADDING THIS O 112 AND	NÖ		
	ಆಮೇಲೆ ಸಮೃ ಹೋಗಿದೆಯ :		YES		1
Q115	Since January 1, 1996, did and (usual residents) of this how die during pregnancy or child or induced abortion or spontal abortion or within 6 weeks affichild birth or induced abortions spontaneous abortion?  19965 జనవరి ఒందరింద నిమ్మ మనీయల్లి (మమునీయ మండ్రికి తేంగమ (a) గహ్హణ మండ్రికి గహ్హణ మండ్రికి స్టారికి మండ్రికి స్టారికి ప్రాంతి ప్రాంత	i birth aneous fter ion or tanh antma) toh ammuel anh asti / (c)	NONUMBER OF DEAT	,	
	and the death occur of	due to	YES		
Q116	complication of pregnancy/en	?	NO		2
	ಹೌದಾದರೆ ಆ ಸಾವು (a) ಬಸುರಿನ ತೊಂದರೆಗಳಿಂದ ಆ ತೊಂದರೆಗಳಿಂದ ಆಗಿತ್ತೇ / (c) ಗರ್ಭವಾತ ಮಾಡಿಸಿಕೊಂಡ	,ಗಿತ್ರೇ (b) ಹೆ೦ಗೆ	NUMBER OF DEA		
Q117		usual since	YES		
Q118	(a) How many marriages were ಎಮ್ಮ ಮದುವೆಗಳು ಆಗಿವೆ?	there?	TOTAL	BOYS 3	GIRLS 4
	(b) What was the age of that person at the time of m	marriage?	воу		
	ಮದುವೆಯಾದಾಗ ಆತನ್ನಆಕೆಯ ವಯ	ಸ್ಸಮ್ಮ? ನಿವರ್ಣ	GIRL		
Q119		om Malaria?	NO	e Miles auto	west of the second
Q120	). If yes, give details ಹೌದಾದರೆ	ವಿವರಗಳನ್ನು ತಿಳಿ			
S1. No.	به جمهر من المال الم	್ಲ Sex M/೯ ಗಂಡು/ಹೆಣ್ಣು	Age (in completed year ಪಯಸ್ಥ (ಪೂರ್ತಿಯಾದ ವರ	rs) 1	he/she given treatment? 'ಚಿಕಿತ್ಯ ಕೊಡಿಸಿದ್ದೀರಾ?
1.		M - 1		YES	
		M - 1 F - 2		NO	
2.		M - 1			
3.		F - 2 M - 1	: _		1
		F - 2		NO	2
4.		M - 1			
5.		F - 1			
		F - 2			

QUESTION AND FILTER	CODING CATEGORIES	SKIP TO
Is any member of your household suffering from TB?	YES1	
ನಿಮ್ಮ ಮನೆಯಲ್ಲಿ ಯಾರಿಗಾದರೂ ಕ್ರಯರೋಗ ಇವೆಯೇ?	NO2	→Q123

### If yes, give details ಹೌದಾದರೆ ವಿವರಗಳನ್ನು ತಿಳಿಸಿ

	Name of the patient ರೋಗಿಯ ಹೆಸರು	Sex M/F ಗಂಡು/ಹೆಣ್ಣು	Age (in completed years) হত্যমু (হ্যুট্ডিয়াল হহদেশ্য)	Is he/she given treatment? ভক্ষা ধানু বামানক্ষুম্নিটাং?	
-		M - 1		YES1	
		F - 2		NO2	
		M - 1		YES1	
		F - 2		NO2	
		M - 1		YES1	
		F - 2		NO2	
		M - 1		YES1	
ı		F - 2		NO2	
		M - 1		YES1	
	1 · · · · ·	F - 2		NO2	
3	Is any member of your househor suffering from Leprosy?		YES		→Q125
	المساوية المساورة الم				. j .

# ; If yes, give details ಹೌದಾದರೆ ವಿವರಗಳನ್ನು ತಿಳಿಸಿ

: : : : : : : : : : : : : : : : : : :	Sex M/F	Age (in completed years)	Is he/she given treatment?
	M - 1 F - 2	,	YES,
	M - 1		YES1
	F - 2		YES 7.71
	F - 2		NO2
•	M 1 F - 2		NG
	M - 1		NO
	8 - 7		

		SKIP
	CODING CATEGORIES	- Oztan
QUESTION AND FILTER		10
Q.No.  QUESTION	YES2	→ Sector
हिला क्रम्स्यार्थिः?  10126 Has Aim Doctor Health Worker ever counselled her about possible health problems of girls?  20126 स्थापित क्रम्पानिक स्थापित स्थाप	ANM	
(manager) acceptance of the second of the second se	YES	→ Sectin
Q128 If yes has AMM Doctor Health Worker given Iron and Folio Acid (IFA) tablets to her?    same display the part of the part	ANM	Sectr
Q129 How many tablets were given to her? eath बेक्का क्यांकाट्य कार्य केश्याकार्य?	NUMBER  DO NOT REMEMBER999	

#### SECTION II

#### (ASK ONLY TO MALE RESPONDENTS IN THE AGE GROUP OF 20-54)

Q.No.	QUESTION AND FILTERS	CODING CATEGORIES	SKIP TO
2201	Have you heard of an illness called Reproductive Tract Infection (RTI)? Read Example in the state of the stat	YES	→ Q205
Q202	From which sources of information or persons have you heard about RTI.  (CIRCLE ALL RESPONSES MENTIONED)  Red combot exam conditions and cond	1 RADIO	
Q203	How is RTI transmitted? (CIRCLE ALL RESPONSES MENTIONED) ಜನನಾಂಗಗಳ ಖಾಯಿಲೆ ಒಬ್ಬರಿಂದ ಮತ್ತೊಬ್ಬರಿಗೆ ಹೇಗೆ ಬರುತ್ತದೆ?	1. HOMOSEXUAL INTERCOURSEA 2. HETRO SEXUAL INTERCOURSEB 3. LACK OF PERSONAL HYGIENEC 4. OTHER	
Q204	Do you think RTI is a curable disease? ಜನನಾಂಗಗಳ ಸೋಂಕು ರೋಗವು ಪಾಸಿಯಾಗುವಂತಹ ಖಾಯಿಲೆ ಎಂದು ನಿಮಗೆ ಅನಿಸುತ್ತದೆಯೇ?	YES	
Q205	Have you heard of an illness called Sexually Transmitted Infection(STI) and don't won't see an interest and the second see an interest and the second see an interest and the second sec	NO	→ Q209
Q206*	Erom which sources of information or persons have your heard about STI? (CIRCLE ALL RESPONSES MENTIONED)  Riag cumber eram cuma cub cumbonfor efont cumbon c	T. PADIO	
2207	How is STI transmitted? (CIRCLE ALL RESPONSES MENTIONED) don't same str straig!	HOMOSEKUAL INTERCOURSEA  HETEROSEXUAL INTERCOURSEB  MOTHER TO CHILDC  TRANSFUSION OF INFECTED BLOODD  COTHER (SPECIFY)  SOURCE (SPECIFY)  F	

			SKIP TO
	QUESTION AND	CODING CATEGORIES	
Q.No.	FILTERS	1	
		YES	
Q208	Do you think STI is a curable disease?	NTO	
	ಲೆಂಗಿಕ ಖಾಯಿಲೆ ವಾಸಿಯಾಗಬಲ್ಲ	DO NOT KNOW9	
	ಖಾಯಿಲೆ ಎಂದು ನಿಮಗೆ ಅನಿಸುತ್ತಿದೆಯೇ?	YES1	
Q209	Have you heard of an	YES2	→ Q215
	illness called HIV (AIDS)? ನೀವು 'ಬಹ್ಸ್' ಎಂಬು ಜಾಯಲೆ ಬಗ್ಗೆ ಕೇಳಿದ್ದೀಡ?	NO2	7 (2.13
	المراق ال	1. RADIOB	
0210	From which sources of		
•	information or persons have you heard about	I THE DARREDS / ROOKS / MAGAZINES	
	HTV (AIDS).	4. SLOGANS/PAMPHLETS/POSTERS/ WALL HOARDINGS	
	(CIRCLE ALL RESPONSES MENTIONED)		
	ನೀವು ಯಾವ ಸುದ್ದಿ ಮೂಲಗಳಿಂದ	6. HEALTH WORKERS	
	ಅಥವಾ ಯಾರಿಂದ 'ಏಡ್ಸ್' ರೋಗದ	L COMMUNITARY MEETING	
	ಬಗ್ಗೆ ಕೇಳಿದ್ದೀರಾ?	9. RELATIVES/FRIENDS	
		10.OTHER(SPECIFY)	
		HOMOSEYHAL INTERCOURSEA	
Q211	How is HIV (AIDS) transmitted?	LO HEMPO SEXUAL INTERCOURSE	
	(CIRCLE ALL RESPONSES	3. NEEDLE/BLADE/SKIN PUNCTUREC 4. MOTHER TO CHILDD	
	MENTIONED)	5 TRANSFUSION OF INFECTED BLOODE	
	'ಏಡ್ಸ್' ರೋಗವು ಹೇಗೆ ಬರುತ್ತದೆ?	6. OTHER	
		(SPECIFY)	
		7. DO NOT KNOWG	
0212	Do you think that one	YES NO DK	
22.2	can get HIV (AIDS) from	1. SHAKING HANDS ಪರಸ್ಥರ ಕೈ ಕುಲುಕುವುದರಿಂದ 1 2 9	
	someone who has HIV (AIDS) by:	2. HUGGING	:
	'ಏಡ್ಸ್' ಇರುವ ಒಬ್ಬ ರೋಗಿಯಿಂದ	ತಬ್ಬಕೊಳ್ಳುವುದರಿಂದ 1 2 9	
	ಬೇರೊಬ್ನ ಪಕ್ಷಿಗೆ ರೋಗ ಈ	3. KISSING 1 2 9	
	ಮೂಲಗಳಿಂದ ಬರಬಹುದೆಂದು ನೀವು	4. SHARING CLOTHES	
	ಭಾವಿಸುತ್ತೀರಾ ?	ಅವರ ಬಟ್ಟೆ ಉಪಯೋಗಿಸುವುದರಿಂದ 1 2 9 5. SHARING EATING	
		· UTENSIL	
		ಒಂದೇ ತಟ್ಟೆಯಲ್ಲಿ ಊಟ ಮಾಡುವುದರಿಂದ 1 2 9	
		STOOL	
		ರೋಗಿಯ ಮಲ್ಲ ಮೂತ್ರದ	
		ಮೇಲೆ ಕಾಲಿಮವುದರಿಂದ	
	The second of the second of	7. MOSQUITO, FLEA OR	
:		BEDBUG BITES ಸೊಳ್ಳೆ ನೊಣ ಅಥವಾ ತಿಗಣೆ ಕಡಿತದಿಂದ 1 2 9	
	Transfer and the second states		
Q213	How do you think one can avoid HIV (AIDS)	1. SEX WITH ONLY ONE PARTNERA 2. USING CONDOMS DURING	
	(CIRCLE ALL RESPONSES	EACH SEXUAL INTERCOURSEB	
	MENTIONED)	3. CHECKING BLOOD PRIOR TO TRANSFUSION	
	ಒಬ್ಬ ವ್ಯಕ್ತಿ 'ಏತ್ಸ್' ಬರದಂತೆ ಹೇಗೆ	4. STERILIZING NEEDLES AND	
	ತಡೆಗಟ್ಟಬಹುದು?	SYRINGES FOR INJECTIOND 5. AVOIDING PREGNANCY WHEN	
		HAVING HIV (AIDS)E	
		6. OTHERF	
		(SPECIFY)	
		7. DO NOT KNOWG	

No.	FILTERS	CODING CATEGORIES	SELP TO
(a) (a)	Do you think HIV (AIDS) is a curable disease? indication and disease and examinate and disease and examinate and disease	TES	
16.0	Did you ever had any of the following problems?  Sand domates of fyfor describing for the following for the following for the following for the fyfor the fy	ANY DISCHARGE FROM PENIS.  ***********************************	!f all No → Q219
	Did you take treatment for your health proplem	್ರಾಣವಾಂಗದ ಊತ್ನ ,	
	ನಿಮ್ಮ ಆರೋಗ್ಯ ತೊಂದರೆಗಳಿಗೆ ನೀವು ಚಿಕಿತ್ಸೆ ಪಡೆದಿದ್ದೀರಾ?	NO	→ Q218
17	If yes, from whom did you take treatment? (CIRCLE ALL RESPONSES MENTIONED)  whentioned, Reg whose 444 and 200?	1. GOVT. DOCTOR	
: a	ASK ONLY IF THE RESPONDENT IS CURRENTLY MARRIED) Have you ever discussed about this with your wife? had dodddidd indicts 4 Sunda un amenabyon?	YES	
	That Family Planning method you think that couples who want no more children should adopt? (REPORT THE MOST PREFERRED METHOD)  TO MEN TO UNITED TO STATE TO	FEMALE STERILIZATION	Stra
00	Thy are you not preferring male method? CIRCLE ALL RESPONSES (EXTLONED)  1.4 ACCEPTED DAME CONTEN, LA ACCEPTED DO!	1. FEAR OF IMPOTENCY	

# RAPID HOUSEHOLD SURVEY REPRODUCTIVE AND CHILD HEALTH (RCH) PHASE II - 1999

Confidential for research purpose only

### WOMAN'S QUESTIONNAIRE

IDENTIFICATION	ia .
IDENTITE OF THE PROPERTY OF TH	
STATE	
DISTRICT	
COMMUNITY DEVELOPMENT BLOCK	
PSU (VILLAGE/URBAN WARD)	
VILLAGE SEGMENT/CENSUS ENUMERATION BLOCK	
TYPE OF LOCALITY (RURAL-1, URBAN-2)	
HEAD OF THE HOUSEHOLD	
NAME	
ADDRESS	
The state of the s	
NAME OF THE ELIGIBLE WOMAN	
SERIAL NUMBER OF HOUSEHOLD QUESTIONNAIRE	
SERIAL NUMBER OF WOMAN'S QUESTIONNAIRE	- i
DAY MONTH YEAR	•
INTERVIEW	Mark the second
DATE	
The second secon	KEYED BY
SPOT CHECKED BY FIELD EDITED BY OFFICE EDITED BY	KEIED SI
NAME	
DATE	25

# SECTION-I WOMAN'S CHARACTERSTICS

QUESTION AND FILTER	CODING CATEGORIES	SKIP TO
How old are you?	AGE IN COMPLETED YEARS	
Can you read and write?  Rand Las as state under a state of the state	YES	→ Q104
How many years of schooling have you completed? ನೀವು ಎವುನೇ ತರಗತಿಯವರೆಗೆ ಕಲಿತಿದ್ದೀರಿ?	YEARS	
ರಿತ್ತು your husband read and write? ನಿಮ್ಮ ಗಂಡನಿಗೆ ಓದಲು ಮತ್ತು ಬರೆಯಲು ಬರುತ್ತದೆಯೇ?	YES	Q106
Row many years of schooling has he completed? ಆದರು ಎಷ್ಟನೇ ತರಗತಿಯವರೆಗೆ ಕಲಿತಿದ್ದಾರೆ?	DO NOT KNOW	
How old were you when you started living with your husband? ನೀವು ಗಂಡನ ಜೊತೆಯಲ್ಲಿ ಹಾಸಮಾಡಲು ಪ್ರಾರಂಭ ಮಾಡಿದಾಗ ನಿಮ್ಮ ದಯಸ್ಸೆಮ್ಮ?	AGE IN COMPLETED YEARS	
How many sons and daughters do you have, including those presently not living with you? (これにしいした ONLY THOSE SURVIVING CHILDREN TO WHOM RESPONDENT HAS GIVEN BIRTH) なからなる だった これの	DAUGHTERS TOTAL	
Did any of your children die? ನಿಮಗೆ ಹುಟ್ಟದ ಮಕ್ಕಳಲ್ಲಿ ಯಾರಾದರೂ ತೀರಿಹೋಗಿದ್ದಾರೆಯೇ?	YES1	<b>→</b> Q110
್ವಾಕ್ yes, how many boys and girls died?	BOYS GIRLS TOTAL	
Did any of your pregnancy end in either still birth or abortion?  Smit when the tag suga which washing the serious and the ser	NO2	SECTN.
If yes, how many were still births, induced bortions, spontaneous abortions?  #===================================	STILL BIRTHS  INDUCED ABORTIONS  SPONTANEOUS ABORTIONS	

### SECTION-II

### ANTE-NATAL, NATAL AND POST - NATAL CARE

TH/STILL BIRTH/SPONTANEOUS ABORTION/INDUCED ABORTION, SINCE, JANUARY 1,

	TOTAL AND PILTER	CODING CATEGORIES	SKIP
Q.No.	When was your last child birth, still birth/spontaneous abortion induced abortion?  EXCLUDING CURRENT PREGNANCY, IF ANY amplified and and supplied a	NO PREGNANCY	→ Secti
2202	Turansanhan/hurshitenoadh/donanh?  What was the outsome of your last pregnancy? San to the outsome of your last pregnancy?	LIVE BIRTH	→ Q209 → Q209 → Q204
Q203	If induced abortion, who performed the abortion?  THE	GOVT. DOCTOR	
2204	At what month of pregnancy did it happen? े चेक्यु डेल्सर संभागी चित्रात संभागाना सम्मान	MONTH	
Q205	Did you have any health problem imemdiately after abortion (within 6 weeks)?  THE TOTAL TO	YES	→ SECT
<u>9</u> 206	If yes, what was the health problem? (CIRCLE ALL RESPONSES MENTIONED)  Elenat, what state (educate)  should donnary?	1. EXCESSIVE BLEEDINGA 2. HIGH FEVERB 3. FOUL SMELLING DISCHARGEC 4. WEAKNESSD 5. BACKACHE, BODYACHEE 6. PAIN IN LOWER ABDOMENF 7. OTHERG (SPECIFY)	
220"	Did you consult doctor/health worker for your health problem? ನೀವು ಈ ತೊಂದರೆಗೆ ವೈದ್ಯರು/ಅಥವಾ ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರನ್ನು ಬೇಟ ಮಾಡಿದಿರಾ?	YES	→ SECT
2206	If yes, whom did you consult? 'CIRCLE ALL RESPONSES MENTIONED) ਛੋਵਿਸ਼ਸ਼ਸ਼ ਦੀ ਜ਼ਿਲ੍ਹੇ ਪੰਜਾਬ ਜ਼ਿਲ੍ਹੇ ਜ਼ਿਲ੍ਹੇ ਦੀ ਜ਼ਿਲ੍ਹੇ	1. GOVT. DOCTORA 2. PRIVATE DOCTORB 3. GOVT. NURSE/LHV/ANMC 4. PRIVATE NURSED 5. TRAINED DAIE 6. UNTRAINED DAIF 7. OTHERG (SPECIFY)	<b>→</b> S

ANC INFORMATION FOR WOMEN WITH LIVE BIRTH OR STILL BIRTH					
QUESTION AND FILTER	CODING CATEGORIES	SKIP TO			
Was your weight taken when you were pregnant?  REL NUTHINAMIN RELA SIF ARREST?	YES				
Was your blood pressure measured when you were pregnant? ನೀವು ಗರ್ಭಿಣಿಯಾಗಿದ್ದಾಗ ನಿಮ್ಮ ರಕ್ತದ ಒತ್ತಡವನ್ನು ನೋಡಿದ್ದರೆ?	YES1 NO2				
Were you given Iron and Folio Acid (IFA) tablets during pregnancy المنافقة	YES1 NO2	→Q215			
Ho. many IFA tablets did you receive during pregnancy? ಗರ್ಬಿಯಾಗಿದ್ದಾಗ ನಿಮ್ಮ ಎಮ್ಮ ಕಬ್ಬಿಣಾಂಶದ ಮಾತ್ರಗಳನ್ನು ಕೊಟ್ಟಿದ್ದರು?	DO NOT REMEMBER				
In which month of pegnancy you started taking IFA tablets?  am Sont nursh rant Red taking summord amshtal shahar or anyoutanabl?	DID NOT TAKE	→0215			
How many IFA tallets in a day were you taking regularly? ಪತಿದಿನ ನೀವು ಎಮ್ಮ ಕಸ್ತಿಣಾಂಶದ ಮಾತ್ರೆಗಳನ್ನು ತೆಗೆದುಕೊಳ್ಳುತ್ತಿದ್ದಿರೆ?	NUMBEF				
Were you given an injection in the arm during pregnancy to prevent Tetanus? ####################################	YES1	→Q217			
If yes, how many times did you take Tetanus injection? #TETES. Charcom Relate way and Late was shawned?	DO NOT REMEMBER9				
At what month of pregnancy did you have abdominal check-up for the first time? therefore who will design about the source and an armidian had a source therefore and an armidian had a source therefore and a source the source there are the source that the source the	MONTHS  NO CHECK-UP	→ Q219			
How many times did you have abdominal check-up? ಎಸ್ತು ಬಾರಿ ನಿಮ್ಮ ಹೊಟ್ಟೆಯನ್ನು ಮೇಕ್ಷೆ ಮಾಡಿದರು?	NO. OF TIMES  DO NOT REMEMBER9				
When you were pregnant, did ANM ever visit you at home for antenatalcheck-up? Red nurd numma ether sample and made and undad?	YES	→Q223			
How many months pregnant were you when ANM first visited . you? when samester indexion as anything there were not and any some nurshamand?	MONTHS				
TROW Tary times tid she visit you during prequanty? والمناس المناس ال	MO. OF VISITS				

CODING CATEGORIES			SKIP TO
Q.No.	QUESTION AND FILTER	1	
2222	Did she advice you to have a check-up at any health facility? ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆ ನಿಮ್ಮಮ ಯಾವುದೇ ಆಸ್ತತೆಯಲ್ಲಿ ಮೌನಕ್ನೆ ಮಾಡಿಸಿಕೊಳ್ಳಲು ಹೇಳಿದ್ದರೆ?	YES2 YES1	
Q223	when you were pregnant, did you go for antenatal check-up? Rea nurchanhanh abed analeseto anchan?	NO2	→Q227
<u> </u>	Ti yes where did you go?  CIRCLE ALL RESPONSES  MENTIONED)  ಹೌದಾದರೆ ಎಲ್ಲಿಗೆ ಹೋಗಿದ್ದಿರಿ?	1. GOVT. HOSPITAL/CHC/RURAL HOSPITALA  2. GOVT. DISPENSARYB 3. PHCC 4. SUB-CENTRED 5. PRIVATE DOCTOR/HOSPITALE 6. OTHERF	
Q225	How many months pregnant were you when you first went for antenatal check-up?  And when you first went for you when you because pregnant were	MONTHS	
Q226	How many times did you go for ante-matal check-up?  amp und had nurth abit amaxingus anithab?	NUMBER OF TIMES	
Q227	(IF 'NO" FOR Q219 AND Q223) Why did you not receive ante-natal check-up? (CIRCLE ALL RESPONSES MENTIONED) Reg nure abet at analytical	1. LACK OF KNOWLEDGE OF SERVICESA  2. DID NOT FEEL NECESSARYB  3. NOT CUSTOMARYC  4. FINANCIAL COSTD  5. DISTANTLY LOCATEDE  6. POOR QUALITY SERVICEF  7. NO TIME TO GOG  8. NOT PERMITTED TO GOH  9. OTHER	
•Q228	Can you tell me about health problems that some women suffer from, during pregnancy? (GIRGLE ALL RESPONSES MENTIONED) There amn don't emuland educing anoughted semigron?	1. SWELLING OF HANDS AND FEET. A 2. PALENESS	·

~			
.0.	QUESTION AND FILTER	CODING CATEGORIES	SKIP TO
9)	During your pregnancy did you suffer from any of the following health problems?  A: ###################################	1. SWELLING OF HANDS AND FEET forew end 1 2 2. PALENESS ENGLISHESS OR TIREDNESS ENDLISHESS ENDLISHES	
30	If any, did you consult doctor or any other health worker for your health problems?  Damaton mad, of educing should health and add educing should health and add educing should health and add educing should be added and added educing should be added educing should be added educing the added educing should be added educing the added edu	YES1	→Q232
1	If yes, whom did you consult? (CIRCLE ALL RESPONSES MENTIONED) ಹೌವಾದರೆ, ಯಾರ ಹತ್ತಿರ ಸಲಹೆ ಪಡೆದಿರಿ?	1. GOVT. DOCTOR	
2	Were you advised to go to health facility for delivery? בּבולה שֹבְיּלה בּבוּלה בּבוּלה שׁבִילה בּבוּלה שׁבִילה בּבוּלה בבוּלה בוּלה בבוּלה בבוּלה בבוּלה בבוּלה בבוּלה בבוּלה בבוּלה בבוּלה בבוּ	YES	
	Where did the delivery take place? ಪರಿಗೆ ಎಲ್ಲಿ ಆಯಿತು?	GOVT. HOSPITAL/CHC/RH1 - PRIVATE HOSPITAL2 - PHC3 - SUB-CENTRE	→Q236
	li nome delivery, who conducted the delivery? ಮನೆಯಲ್ಲಿ ಹರಿಗೆಯಾಗಿದ್ದರೆ, ಯಾರು ಹೆರಿಗೆ ಮಾಡಿದರು?	DCCTOR	
	was Disposable Delivery kit, used during delivery?	YES	
	was the delivery normal?	NO2	

		CODING CATEGORIES	SKIP TO
Q.No.	QUESTION AND FILTER	YES NO	
2237	Turing delivery, did you experience any of the following problems? ಹರಿಗೆ ಸಮಯದಲ್ಲಿ ಇಲ್ಲಿ ತಿಳಿಸಿರುವ ಯಾವುದೇ ತೊಂದರೆಯನ್ನು ಅನುಭವಿಸಿದ್ದಿರಾ?	1. PREMATURE LABOUR	
2238	Turing the first week after delivery did you experience any of the following health problems?  #2000 काट्या काट्या काट्या की किश्मिय काट्या किश्मिय काट्या किश्मिय काट्या	YES NO  1. HIGH FEVER	If NO tα all →Q241
2239	If YES to any, did you consult inctor / heath worker for your health problems? Amath atia, Sam inctif its eam edning somestr tow addago?	YES	→Q241
2240	If yes, whom did you consult? CIRCLE ALL RESPONSES MENTIONED)  होकायर, थार संबंध संवित्रे	1. GOVT. DOCTOR	
2241	Did ANM visit you within 2 weeks of delivery ಹೆರಿಗೆಯಾದ 2 ವಾರದೊಳಗೆ ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆ ನಿಮ್ಮನ್ನು ನೋಡಲು ಬಂದಿದ್ದರೆ?	YES	
Q242	How many times did she visit you within six weeks of delivery?  #27 #27 #27 #27 #27 #27 #27 #27 #27 #27	NUMBER NOT VISITED0	
Q243	(CHECK Q202, ASK Q243 AND Q244 ONLY IF IT IS LIVE BIRTH) Was the baby weighed immediately or within two days of the birth? ಹುಟ್ಟಿದ ತಕ್ಕಣ ಅಥವಾ ಹುಟ್ಟಿದ 2 ದಿನದೊಳಗೆ ಮಗುವನ್ನು ತೂಕ ಮಾಡಲಾಗಿತ್ತೇ?	WITHIN 2 DAYS	
2244	What was the weight of the baby? ಮಗುವಿನ ತೂಕ ಎಮ್ಮ?	GRAMS  DO NOT REMEMBER	

. .

### SECTION III IMMUNIZATION AND CHILD CARE

IMMUNES ATTON OF LAST AND LEST BUT ONE LIVING CHILD, BOTH BORN AFTER JANUARY 1, 1996)

-	QUESTION AND FILTERS	CODING CA	TEGORIES	SKIP TO
		LAST CHILD	LAST BUT ONE CHILD	SKIP I
-	Name of the (index) child ಮಗುವಿನ ಹೆಸರು			
	Sex of the child  num / Enu	BOY1 GIRL2	BOY1 GIRL2	
	Month and year of birth why will sont with with the sont w	MONTH	MONTH	
		DO NOT KNOW99	DO NOT KNOW99	
_	NCK O 304 TO 311 F	YEAR 96,97,98,99 OR THE YOUGNEST CHILD	YEAR. 96,97,98,99	
_				1
	When you were pregnant with (name), did any one advise you on breastfeeding? 元式 (成立) 水水 内容には つまれ はかままな みかれ 山土 事の もとなる となる またまま?			<b>→</b> Q30€
	If yes, who advised you on breastfeeding? (CIRCLE ALL RESPONSES MENTIONED)  ###################################	1. GOVT. DOCTOR. A 2. PRIVATE DOCTOR. B 3. GOVT. ANM/NURSE/LHV. C 4. PRIVATE NURSE. D 5. TRAINED DAI. E 6. UNTRAINED DAI. F 7. RELATIVES/FRIENDS. G 8. OTHER		
	When did you start breastfeeding your child? ಈ ಮಗುವಿಗೆ ನೀವು ಯಾವಾಗ ಎದೆಹಾಲು ಕುಡಿಸಲು ಪ್ರಶಂಭ ಮಾಡಿದಿರಿ?	NEVER		→Q310
	When you first breastfed your child, did you squeeze out the milk before feeding the child? A minar that was some some some some some some some som	YES		
	Are you currently breastfeeding the child?	NO		-
	How many months did you breast feed the child exclusively?  (Nothing other than mother's milk)  Ential admentations, and sones  sia:20?	MONTH'S  CONTINUING	88	→Q312
	At want age of the child, did you start giving semisolid food? ಹಣವಿಗೆ ಎಮ್ಮ ತಿಂಗಳ ಪಯಸ್ಸಿನಲ್ಲಿ ಸ್ವಲ್ಪ ಗಟ್ಟಿಯಾದ ಆಹಾರವನ್ನು ಕೊಡಲು ಪ್ರಾನಂಬಮಾಡಿದಿರಿ?	MONTHS  NOT YET STARTED	99	→Q312
	at what age of the child, did	MOSTHS		
	ಪರ್ವಗೆ ಎಷ್ಟೆ ತಿಂಗಳ ಮುಸ್ತಿನಲ್ಲಿ ಪೂರ್ತಿ ಗೆಟ್ಟಯಾದ	NOT YET STARTED		

	T TTY MED C	CODING CATEGORIES	SF
Q.No.	Do you know what to do when child gets Diarrhoea? CIRCLE ALL RESPONSES MENTIONED)  mman that earn an anadition and stadding?	1. GIVE ORS	
2313	Has ANM/health worker told you what to do if a thild has Diarrhoea? ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು ಮಗುವಿಗೆ ಭೇದಿ ಆಹಾಗ ಏನು ಮಾಡಬೇಕೆಂದು ನಿಮಗೆ ತಿಳಿಸಿದ್ದಾರೆಯೇ?	NO2	
2304	Die any of your child born since January 1, 1996 suffer from Diarrhoea during last 2 months? Exabl. 19965 Dodeid Education and sett at a set and sett and se	YES	<b>→</b>
2325	If yes, What did you do? CIRCLE ALL RESPINSES MENTIONED) ಆಗಿದ್ದರೆ. ನೀವು ಏನು ಮಾಡಿಡಿರಿ?	1. HOME REMEDYA 2. ORS GIVENB 3. TREATMENT IN GOVT. HEALTH FACLC 4. TREATMENT IN PRIV. HEALTH FACLD 5. OTHERE (SPECIFY) 6. DID NOTHINGF	
Q316	Do yoù know the danger signs of Pheumonia? ನಿಮ್ಮೇನಿಯರು ಖಾಯಿಲೆಯು ಆಪಯಕರ ಲಕ್ಷಣಗಳು ನಿಮಗೆ ತಿಳಿದಿವೆಯೇ?	YES	<b>→</b> (
Q317	If yes, what are they? (CIRCLE ALL RESPONSES MENTIONED) ತಿಳಿದಿದ್ದರೆ ಅವುಗಳು ಯಾವೃವು?	1. DIFFICULTY IN BREATHING A 2. CHEST INDRAWING B 3. NOT ABLE TO DRINK OR TAKE A FEED C 4. EXCESSIVELY DROWSY AND DIFFICULT TO KEEP AWAKE D 5. PAIN IN CHEST AND PRODUCTIVE COUGH E 6. CONDITION GETS WORSE THAN BEFORE F 7. WHEEZING/WHISTLING G 8. RAPID BREATHING H	ı
2318	Has ANM/Health worker told you the danger signs of Pneumonia? winty endreset almost would would be a selected and a selected	YES	
!	Did any of your child born since January 1, 1996 suffer from cough, cold and difficulty in breathing in the past two months? which is 600000000000000000000000000000000000	YES	<b>→</b>
2320	If yes, what did you do? 'CIRCLE ALL RESPONSES MENTIONED) ಆಗಿದ್ದರೆ. ನೀವು ಏನು ಮಾಡಿದಿರಿ?	1. HOME REMEDY.  2. TREATMENT IN GOVT. HEALTH FACLB  3. TREATMENT IN PRIV. HEALTH FACLC  4. OTHER	

ೂವಿಸಲು ತಿಳಿಸಿದ್ದರೇ?

			PEGORIES		SKI
	AND FILTERS	CODING CAT	LAST CHILD	LAST BUT	
Q.No. QUESTION	AND FILTERS		Ind I dizzz	ONE CHILD	
Q329 Was Polio vaco in the mouth) colio '0') giv	(excluding yen to the child?	YES	2	2	<b>&gt;</b> (
ಮಗುವಿಗೆ ಪೋಲಿಯೋ (ಪೋಲಿಯೋ '0' ಬಟು	ರು) ?	NUMBER			If vis:
Q331 [If all the topolio 'O') Pogiven, ask] with does were not RECORD ONE I (20:000: EANT/COMPANY)  Q332 Did ANM/doctor get the dose: vaccine?	hree (excluding blio doses ar not why the remaining given?  MMPORTANT REASON)  الله على الله الله الله الله الله الله الله ال	CHILD IS TOO YOUNG	1 2 3 4 5 . 6 7 8	1 2 3 4 5 6 7 8	
記ののはのであるのは はいればで?  Q333 (IF 'NO' FOR Q323, Q325 AND Q329) Why 'name) was not given any vacci- nation? (RECORD ONE IMPORTANT REASON) (最末な)が、記者 なのはは、	2. UNAWARE OF NEE 3. PLACE F IMMUNI 4. TIME OF IMMUNI 5. FEAR OF SIDE E 6. NO FAITH IN IM 7. PLACE OF IMMUNI FAR TO G 8. TIME OF IMMUNI 9. ANM ABSENT 10. VACCINE NOT AV 11. MOTHER TOO BUS 12. FAMILY PROBLEM OF MOTHES 13. CHILD ILL BRO	G FOR IMMUNIZATION. ED FOR IMMUNIZATION. EZATION UNKNOWN. EZATION UNKNOWN. EFFECTS. MMUNIZATION. NIZATION TOO GO. IZATION INCONVENIENT. VAILABLE. SY. M. INCLUDING ILLNESS ER. D BROUGHT. OUGHT BUT NOT GIVEN. TIME. (SPECIFY)	03 04 05 06 07 08 09 10 11	01 02 03 04 05 06 07 08 	

QUESTION AND FILTERS	CODING CATEGORIES			SKIP TO
		LAST CHILD	LAST BUT ONE (HILD	
Nas an injection against Measles given? mmin dmod lough out	NO.	2	2	→Q336
Measles injection not given to the child?	1. CHILD TOO YOUNG FOR IMMUNIZATION 2. CHILD WAS ILL 3. PLACE OF IMMUNIZATION TOO FAR TO GO 4. UNAWARE OF NEED FOR IMMUNIZATION 5. PLACE OF IMMUNIZATION UNKNOWN 6. TIME OF IMMUNIZATION UNKNOWN 7. TIME OF IMMUNIZATION INCONVENIENT 8. LONG WAITING TIME 9. FEAR OF SIDE EFFECTS 10.ANM ABSENT 11.VACCINE NOT AVAILABLE 12.NO FAITH IN IMMUNIZATION 13.MOTHER TOO BUSY 14.FAMILY PROBLEM, INCLUDING ILLNESS OF MOTHER 15.OTHER	01 02 03 04 05 06 07 08 09 10 11 12 13	01 02 03 05 05 06 08 09 01 12 13 14 15	
Did ANM/ Doctor/ Health worker advise you to give Measles vaccine to your child? edern entressed/ dra mrand dand use and use and est inaxe sector?	YES	2	2	
(Ask this question only to those women who reported at least one immunization) where from the last immunization was given?  dath adapt to the cash adapt to	1. GOVT. HOSPITAL	1 2 3 4 5 6 7	1 2 3 4 5 6 7 9	

		CAMECORTES			SKI
Q.No.	QUESTION AND FILTERS	CODING CATEGORIES		To Dam	
	AND LIBITION		LAST CHILD	LAST BUT ONE CHILD	
			1	1	
2338	of Vitamin A liquid given to	NO	2	2	<b>→</b> Ç
	name) pro- tect him/ her from night	DO NOT REMEMBER	9	9	→0
	Elindness?  DIST SECTION  ELINDNESS  DIST SECTION  ELINDNESS  ALENDNESS  ELINDNESS  ELIN				
2339	If yes, how many Vita-	IN NUMBER  DO NOT REMEMBER9			
2340	Was IFA, tablets/ liquid given to the (name)		1 2 9	1 2 - 9	->Q ->Q
2341	If yes, how many IFA tablets	IN NUMBER  DO NCT REMEMBER99			
Q342	attending ICDS centre?	YES. NO. NO ICIS CENTRE.	1 2 3	2 3	

## SECTION - IV CONTRACEPTION (FOR ALL ELIGIBLE WOMEN)

٥.	QUESTION AND FILTERS	CODING CATEGORIES	SKIP TO
	Which of the Family Planning methods are you aware of?  1. FEMALE STERILISATION	ನಿಮಗೆ ಯಾವ ಕುಟುಂಬ ಯೋಜನಾ YES NO ವಿಧಾನಗಳ ಬಗ್ಗೆ ತಿಳಿದಿವೆ? ಹೆಂಗಸರ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆ 1 2	
	2. MALE STERILISATION	ಗಂಡಸರ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ 1 2	
	3. COPPER-T/LOOP	ಕಾಪರ್-T/ ಪಂಕಿ 1 2	
	4. DAILY PILLS (CYCLES)	ದಿನಾ ನುಂಗುವ ಗರ್ಭ ನಿರೋಧಕ ಮಾತ್ರೆ 1 2	
	5. WEEKLY PILLS (SAHELI, CETRON)	ಪಾರಕ್ಕೊಮ್ಮೆ ತೆಗೆದುಕೊಳ್ಳುವ ಗರ್ಭ ನಿರ್ಲೇಧಕ ಮಾತ್ರೆ 1 2	
	6. CONDOM/NIRODH	ನಿರೋಫ್ 1 2	
	7. PHYTHM OR PERIODIC ABSTINENCE	ಗರ್ಭಿಣಿಯಾಗುವ ಸಾಧ್ಯತೆ ಹೆಚ್ಚರುವ ದಿನಗಳಲ್ಲಿ ಹಾಸಿಗೆ ವಧ್ಯ ಮಾಡುವುದು 1 2	
	9. WITHDRAWAL	ಗಂಡಸರು ಕೊನೇ ಘಳಿಗೆಯಲ್ಲಿ ಹೊರಗೆ ತೆಗೆಯುವುದು 1 2	
	9. CTHER MODERN METHOD(SPECIFY) 10. CTHER TRADITIONAL METHOD	ಇತರೆ ಆಮನಿಕ ವಿಧಾನ 1 2 (ಸ್ಪಷ್ಟೀಕರಿಸಿ) ಇತರೆ ಹಳೇ ವಿಧಾನ 1 2	
	(SPECIFY)	(ಸ್ವರ್ಷ್ಮೀಕರಿಸಿ)	
2	Are you currently pregnant?	YES	→ Q417
3	Are you/your husband currently using any Family Planning method (including sterilization)?  It at a second and the control of	YES	→Q417
4	Which method you/your husband is using? ನೀವೃ/ನಿಮ್ಮ ಗಂಡ ಬಳಸುತ್ತಿರುವ ವಿಧಾನ ಯಾವುದು?	FEMALE STERILISATION	
	Who mainly motivated you/your	SELF1	er of
	husband to use this method?  A Longary www.sod sw.s.anh  E:0:222550 cond?	SPOUSE	
	For how long have you been using this method continuously? OR How long ago did you/your husband undergo sterilization?  LE EMEDICA AND SEE A DENSEM, USE SEE A DENSEM, USE SEE A DENSEM, HOW KNOWN AS SEED A DENSEMBLE COMPARED SEED SEED AND SEED AS SEED A DENSEMBLE COMPARED SEED AS SEED AS SEED A DENSEMBLE COMPARED SEED AS SE	MORE THAN 8 YEARS	

FOR THE USERS OF COOPER-T/LOOP/PILLS/CONDOM AND THOSE WOMEN WHO/WHOSE HUSBAND HAD UNDERGONE STERILIZATION, ASKQ407-Q416. FOR THE USERS OF WITHDRAWAL/RHYTHM METHOD/ANY CTHER METHOD, GO TO NEXT SECTION.

OTHE	R METHOD, GO TO NEXT SECTION.	CODING CATEGORIES	SKIP TO
Q.No.	QUESTION AND FILTERS	HOSPITAL01	
Q4:5-	Where did you/your husband go for sterilization?  OR  Where did you go for Copper-T insertion?  OR  From where did you obtain the pills usually?  OR  From where did you get condom/ nirodh usually?  (xosa Sinces) zz usz andzenew Scal/  Swe now all denthis? waw  Stal sast-T westeney all denthis?  was  managen nir Sinces and nir Sinces and nired S	GOVERNMENT/MUNICIPAL  PRIMARY HEALTH CENTRE. 03  FAMILY PLANNING CAMP. 04  SUB-CENTRE. 05  PRIVATE HOSPITAL. 06  GOVT. DOCTOR. 07  PRIVATE DOCTOR. 07  PRIVATE NURSE/ANM. 09  PRIVATE NURSE. 10  MOBILE CLINIC. 11  CHEMIST. 12  OTHER (SPECIFY)  DO NOT KNOW. 99	
2408	ಸಾಮಾನ್ಯವಾಗಿ ನಿರೋಧ್ ನಿಮಗೆ ಎಲ್ಲಿಂದ ಸಿಗುತ್ತದೆ?  (ONLY FOR COPPER-T USERS) Who inserted Copper-T? ನಿಮಗೆ ಕಾಪರ್-T ಅಳವದಿಸಿದವರಾರು?	PRIVATE DOCTOR	→Q410
Q109	(ONLY FOR PILL AND CONDOM USER) Have you ever found difficulty in getting pills/condoms?  れはた るだいです これが、 るだいでで これがないにはない。 るだればいることでは、 これが、 これが、 これが、 これが、 これが、 これが、 これが、 これが	NO PROBLEM	
Q410		YES	
Q411	1	NO	
Q41	Have you/your husband had any health problem with the use of this method? ಈ ವಿಧಾನದ ಬಳಕೆಯಿಂದ ನಿಮಗೆ/ ನಿಮ್ಮಗಂಡಾಗೆ ಯಾವುದೇ ಆರೋಗ್ಯ ತೊಂದರೆಯಾಗಿದೆಯೇ?		

1	CT FTION AND FILTERS	CODING CATEGORIES	SKIP TO
	Id (ves wheelth problem did ver cand have? in a color RESPONSES MENTIONED)  「本本は、名本は名本。 no a Road do a a a a a a a a a a a a a a a a a	2. WEARTESS/INABILITY TO MORE A 2. SCOTACHE BACKACHE B 3. CRAMPS C 4. WEIGHT GAIN D 5. DIZZINESS E 6. NAUSEA/VOMITING F 7. BREAST TENDERNESS G 8. IRREGULAR PERIODS H 9. EXCESSIVE BLEEDING I 10. SPOTTING J 11. WHITE DISCHARGE K 12. OTHER L	
	Did your husband seek treatment for the nealth problem?  Francial seeth Resident Seek treatment	YES1 NO2	→Q416
	If yes whom did you/your husband consult for treatment?  The second seco	GOVERNMENT DOCTOR. 1 PRIVATE DOCTOR. 2 GOVT. NURSE/ANM/LHV. 3 PRIVATE NURSE. 4 TRAINED DAI. 5 UNTRAINED DAI. 6 RELATIVE/FRIENDS. 7 OTHER	
1/1	Are it satisfied with the method? ಈ ವಿವಾಸ ಬಳಸುತ್ತಿರುವ ಬಗ್ಗೆ ನಿಮಗೆ ತೃಷ್ತಿ ಇವೆಯೇ?	YES	SECTN V
7	(FOR THOSE WHO ARE CURRENTLY NOT USING ANY METHOD i.e., Q402=1 OR Q403=1 Have you/your husband used any method in the past and distontinued?  Ara lam nod bod words subou works among with rost Relations:	YES	→Q424
	If yes what was the last method you your husband used? क्रिक्ट तिस्त्रिक्त तिस्त्र तिक्र तिस्त्र तिस्ति तिस्त्र तिस्त्र तिस्ति	IUD/COPPER-T/LOOP	
	Mhat was your age when you/your niscand started using that method? المراجعة المراجع	AGE IN COMPLETED YEARS	
	How many children you had when you your numbered started using that method? Started bytame mode a sentating with and a series.	BOY GIRL	
	المن المن المن المن المن المن المن المن	IN MONTHS	

		THE CORTES .	SKIP TO
	BILTERS	CODING CATEGORIES -	
No.	QUESTION AND FILTERS  Then you'your husband started using	YES2	
	the method, did doctor/Harber	NO	
	health problems/side effects	DO NOT REMEMBER	
	=ethod: ನೀವು/ನಿಮ್ಮ ಗಂಡ ಆ ವಿಧಾನವನ್ನು ಬಳಸಲು ಪ್ರಾರಂಭ ಮಾಡಿದಾಗ ಪೈವುರು/ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು ಅದರಿಂದ ಮಾಡಿದಾಗ ಪೈವುರು/ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತನುಗೆ ಹೇಳಿದರೇ?		
	atama deduct, shouldn't any attag	WANTED CHILD	
*	what was the main roots was chemethod? discontinuing use of the method? e apa nemajana ach ach ach ach ach ach ach ach ach ac	SUPPLY NOT AVAILABLE04	
	ಕ ವಿಧಾನ ಬಳಸುವುದನ್ನು ನಿರ್ಧವರ್ ದಾರ್ಗ್ಯ ಕಾರಣವೇಜ	WEAKNESS/INABILITY TO WORLD	
		BODYACHE/BACKACHE	
		NAUSEA/VOMITING11	
		IRREGULAR PERIODS	
		SPOTTING	
		LACK OF PLEASURE	
		OTHER(SPECIFY)	
Q424	CHECK 2402, IF WOMAN IS PREGNANT 30 TO 2425) Are you currently	YES2	
	menstruating?	NEVER MENSTRUATED3	→ SECTN.
	ಹ್ಮ ನೀವು ಮುಟ್ಟು ಆಗುತ್ತಾ ಇದ್ರೀಡಾ?	IN MENOPAUSE/HYSTERECTOMY4	· .
Q425	Has ANM health worker ever advised yo to adopt any family planning method?	NO2	→Q427
	ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು ಎಂದಾದರೂ ಯಾವುದೇ ಕುಟುಂಬ ಮೋಜನಾ ವಿಧಾನವನ್ನು ಬಳಸಲು ನಿಮಗೆ ಹೇಳಿದ್ದರೇ?		
Q426	If yes, what method did she/he advise you to use?	FEMALE STERILIZATION	
	ಹೌದಾದರೆ. ಅವರು ನಿಮಗೆ ಯಾವ ವಿಧಾನವನ್ನು ಬಳಸಲು	IUD/COPPER-T/LOOP	
	ಹೇಳಿದರು?	RHYTHM/PERIODIC ABSTINENCE6 WITHDRAWAL7	
		OTHER8	
Q42°	7 Do you intend to use any method of Family Planning at any time in the future? should be called the should be shoul		→Q429
-	ಜೋಜನಾ ವಿಧಾನವನ್ನು ಬಳಸಲು ಇಷ್ಟ ಪಡುತ್ರೀರಾ?		
Q42	8 If yes, which method you would prefer to use? (CIRCLE ONLY THE MOST PREFERRED METHOD)	FEMALE STERILIZATION	:
	ಹೌದಾದರೆ. ನೀವು ಯಾವ ವಿಧಾನವನ್ನು ಬಳಸಲು ಇಷ್ಟ	PILLS	
	ಪಮತ್ರೀರಿ?	WITHDRAWAL	
-		(SPECIFY)	

QUESTION AND FILTERS	CODING CATEGORIES °	SKIP TO
(CHECR Q402, IF WOMAN IS PREGNANT GO TO NEXT SECTION) Would you like to nave a another child? ನಿಮಗೆ ಮಗು/ಇನ್ನೊಂದು ಮಗು ಬೇಕು ಅನ್ನುವ ಇಷ್ಟ ಇದೆಯೇ?	WANT MORE CHILDREN 1 WANT NO MORE CHILD 2 NOT DECIDED 3 UP TO GOD 4	→Q431
How long would you like to wait to have a 'another child?  山本 エエジロ スつまて エンバーマネスでは まれた はいまった マギュ マゴ?	SOON/NOW/LESS THAN 12 MONTHS96 MORE THAN 12 MONTHS  NOT DECIDED	SECTN-V
What is the main reason for currently not using any method of family planning? (OBTAIN ONLY THE MOST IMPORTANT REASON)  THE REASON CONTROL OF THE MOST TAPORTANT REASON CONTROL OF THE MOST TAPORTANT REASON.  THE REASON CONTROL OF THE MOST TAPORTANT REASON.	LACK OF KNOWLEDGE ABOUT FAMILY PLANNING METHODS	

ASSESSMENT OF QUALITY OF GOVERNMENT HEALTH SERVICES AND CLIENT SATISFACTION SECTION V (FOR ALL ELIGIBLE WOMEN)

	(FOR ALL )	ELIGIBLE WOMEN)	SKIP TO
	TITERS	CODING CATEGORIES	51.22 10
	QUESTION AND FILTERS  Did ANM or any health worker visit  your household during last three  months? ####################################	YES	→Q504
2502	If yes, who visited your household?	1. ANM/LHV	→ Q504 → Q504
2503	ಹೌದಾದರೆ, ನಿಮ್ಮ ಮನೆಗೆ ಯಾರು ಭೇಟ ಕೊಟ್ಟದ್ದರು?  In case ANM/LHV visited, were you satisfied with the amount of time she spent in your house? ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು (ANM/LHV) ಭೇಟ ಕೊಟ್ಟದ್ದರೆ ಅಮು ನಿಮ್ಮ ಮನೆಯಲ್ಲಿ ಸಾಕಷ್ಟು ಸಮಯ ಕಳೆದರೆ?	YES2	
2504	Have you gone to any Government Health Centre/Hospital/CHC/PHC/SC during last three months for any treatment?  ###################################	YES	→Q517
Q505	If yes, where did you go last? ಹಾದಾದರೆ, ಕೊನೆಯ ಬಾರಿ ನೀವು ಎಲ್ಲಿಗೆ ಹೋಗಿದ್ದೀರಿ?	GOVERNMENT HOSPITAL	
Q506	Is the centre's timing convenient? e froza fexa are entressed and entressed are entressed and entressed are entressed as a second and entressed are entressed as a second are	YES	
Q507	Is the centre convenient to reach? ಆ ಕೇಂದ್ರ ತಲುಪಲು ಅನುಕೂಲಕರವಾಗಿದೆಯೇ?	YES	
Q508	Was doctor/ANM available when you went there for treatment? ಆಲ್ಡಿಗೆ ನೀವು ಚಿಕಿತ್ಸೆಗೆ ಹೋದಾಗ ವೈದ್ಯರು/ದಾದಿಯರು ಇದ್ದರೇ?	YES	
2509	Did you have to wait long for service? ಚಕಿತ್ನ ಪಡೆಯಲು ನೀವು ಅಲ್ಲಿ ಬಹಳ ಹೊತ್ತು ಕಾಯಬೇಕಾಯಿತೇ?	YES	
Q510		YES	
2511	Was the staff at the centre friendly?  الله الله الله الله الله الله الله الل	YES	
Q512	Were medicines available at the centre?	YES	
Q511	Did the health staff explain to you how to take medicines?  ಟಪ್ಪಗಳನ್ನು ಹೇಗೆ ತೆಗೆದುಕೊಳ್ಳಬೇಕೆಂದು ಅಲ್ಲಿನ ಸಿಬ್ಬಂದಿ ನಿಮಗೆ ತಿಳಿಸಿದರೇ?	YES	
251	Did you find the treatment at the the centre effective?  ಆಲ್ಪನ ಚಕಿತ್ನ ನಿಮಗೆ ಪರಿಣಾಮಕಾರಿಯಾಗಿತ್ತೇ?	YES	
		10	

ŀ			·
1	QUESTION AND FILTERS	CODING CATEGORIES	SKIP TO
	Pic you have to pay to the doctor or staff any money to get treatment? अंदिर्ग स्ट्रांट प्रयोगी प्रदेश प्रयोगी क्षेत्र क्षेत्र प्रयोगी क्षेत्र क्षेत्	YES	
	Will you recommend this centre to yor friends/relatives?	YES1 NO2	Section VI
	(IF SHE DID NOT VISIT CENTRE DUFING LAST THREE MONTHS) What is the main reason for not visiting the centre?  Rug xerb exis, / cananih denhadow and endador.	NO NEED	

## SECTION VI

## AWARENESS ABOUT RTI, STI AND HIV (AIDS)

	THE PART OF THE PA	CODING CATEGORIES	SKIP TO
Q.No.	QUESTION AND FILTERS	YES1	
Q601	Have you heard of an illness called Reproductive Tract Infection (RTI)? ਨਾੜ੍ਹ ಜನನಾಂಗಗಳ ಸೋಂಕಿನ ಖಾಯಿಲೆ ಬಗ್ಗೆ ಕೇಳಿದ್ದೀರಾ?	NO2	→ Q605
Q602	From which sources of information or persons have you heard about RTI? (CIRCLE ALL RESPONSES MENTIONED)  Real what has another east whom when the self and high field?	1. RADIO	
Q603	How is RTI transmitted? (CIRLCE ALL RESPONSES MENTIONED) ಜನನಾಂಗಗಳ ಖಾಯಲೆ ಬಬ್ಬರಿಂದ ಮತ್ತೊಬ್ಬರಿಗೆ ಹೇಗೆ ಬರುತ್ತದೆ?	1. HOMOSEXUAL INTERCOURSEA 2. HETEROSEXUAL INTERCOURSEB 3. LACK OF PERSONAL HYGIENEC 4. OTHER	
Q604	disease? ಜನನಾಂಗಗಳ ಸೋಂಕು ವಾಸಿಯಾಗುವಂತಹ ಖಾಯಿಲೆ ಎಂದು ವಿಮಗೆ ಅನಿಮತ್ತವಯೇ?	YES	
Q605	Have you heard of an illness called Sexual Tract Infection (STI)? ನೀವು ಲೈಂಗಿಕ ಜಾಯಲೆ ಬಗ್ಗೆ ಕೇಳಿದ್ದೀರಾ?	YES	<b>→</b> Q609
Q606	From which sources of information or persons have you heard about STI (CIRCLE ALL RESPONSES MENTIONED)  Real was the three sets and the	1. RADIO	
Q60.	How is STI transmitted? (CIRLCE ALL RESPONSES MENTIONED) टीohf ಖಾಯಿಲೆ ಹೇಗೆ ಹರಡುತ್ತದೆ?	1. HOMOSEXUAL INTERCOURSEA 2. HETEROSEXUAL INTERCOURSEB 3. MOTHER TO CHILDC 4. TRANSFUSION OF INFECTED BLOODB 5. OTHER	
Q60	8 Do you think STI is a curable disease? ರೈಂಗಿಕ ರೋಗ ಹಾಸಿಯಾಗಬಲ್ಲ ಖಾಯಿಲೆ ಎಂದು ನಿಮಗೆ ಅನಿಮತ್ತದೆಯೇ?		

QUESTION AND FILTERS	CODING CATEGORIES .	SKIP TO
Have you heard of an illness called		
HIV (AIDS)? ನೀವು 'ಏಪ್ಸ್' ಎಂಬ ಖಾಯಿಲೆ ಬಗ್ಗೆ ಕೇಳಿದ್ದೀರಾ?	NO2	→0615
From which sources of information or persons have you heard about HIV? (AIDS)? (CIRCLE ALL RESPONSES MENTIONED) Rid wind with amountford edge windord 'art' deind with fields?	1. RADIO	2013
How is HIV (AIDS) transmitted? CIFLOE ALL RESPONSES MENTIONED) Ext the transmitted?	1. HOMOSEXUAL INTERCOURSEA 2. HETEROSEMUAL INTERCOURSEB 3. NEEDLES/BLADES/SKIN PUNCTUREC 4. MOTHER TO CHILDD 5. TRANSFUSION OF INFECTED BLOODE 6. OTHERF (SPECIFY) 7. DO NOT KNOWG	
Do you think that one can get HIV (AIDS) from someone who has HIV (AIDS) by: 'arg' ama way don'themor who has HIV don't dear and was way don'themore who has HIV (AIDS) by: 'arg' ama way don'themore who has HIV don't dear are also who has HIV (AIDS) by: 'arg' ama way don'themore who has HIV (AIDS) by: 'arg' ama way don'themore who has HIV (AIDS) by: 'arg' ama way don'themore who has HIV (AIDS) by: 'arg' ama way don'themore who has HIV (AIDS) by: 'arg' ama way don'themore who has HIV (AIDS) by: 'arg' ama way don'themore who has HIV (AIDS) by: 'arg' ama way don'themore who has HIV (AIDS) by: 'arg' ama way don'themore who has HIV (AIDS) by: 'arg' ama way don'themore who has HIV (AIDS) by: 'arg' ama way don'themore who has HIV (AIDS) by: 'arg' ama way don'themore who has HIV (AIDS) by: 'arg' ama way don'themore who has HIV (AIDS) by: 'arg' ama way don'themore who has HIV (AIDS) by: 'arg' ama way don'themore who has him way are also	YES NO DK  1. SHAKING HANDS	
How do you think one can avoid HIV (AIDS, ICIPCLE ALL RESPONSES MENTIONED)	1. SEX WITH ONLY ONE PARTNER	

		CODING CATEGORIES	SKIP
Q.No.	QUESTION AND FILTERS		
2614	Do you think HIV (AIDS) is a curable disease? ಎಪ್ಸ್ ಪಾಸಿಯಾಗಬಲ್ಲ ಖಾಯಿಲೆ ಎಂದು ನವುಗೆ ಅನಿಮತ್ತದೆಯೇ?	YES	
Q615	During the past three months did you have burning sensation, pain or difficulty while urinating?   the must be onted must and and sund sund sund sensation of the sund sensation	YES	
2616	During the past three months did you emperience pain in the lower abdomn or vagina during intercouse? हर्ट 3 डेंग्स्टी राज्येशत साम्यकात स्थितुर्धी क्वक स्थान समायकात स्थान	YES	
2617	During the past three months, did you have any problem of vaginal discharge? etc 3 3onto 2000 and contact and cont	YES	
	IF `NO' TO Q615, Q6	16 AND Q617 STOP	
2618	TF YES' TO Q617, ASK Q618 TO Q622) What was the nature of discharge?  He madd con contains the matter of the contains the	1. MUCCID NON FOUL SMELLING, SMALL IN AMOUNT, PRESENT ONLY ON CERTAIN DAYS (NORMAL)	
2619	With vaginal discharge did you get itching or ulcers on both the sides in the vaginal area? dath additional edges and signature	ITCHING	
2620	With the discharge, did you have severe lower abdominal pain? ಈ ವ್ಯವಧಿಂದಾಗಿ ಕಿಬ್ಬೊಟ್ಟೆಯ ಜಾಗದ್ದಲಿ ತುಂಬಾ ನೋವುಂಟಾಗಿತ್ತೇ?	YES	
Q621	Did you have fever with the discharge? ಈ ವ್ಯಾಪದಿಂದಾಗಿ ಜ್ವರ ಬಂದಿತ್ತೇ?	YES1	
Q622	(IF 'YES' TO ANY OF 615-617) Have you consulted anyone for treatment? If yes, whom did you consult? (CIRCLE ALL RESPONSES MENTIONED) 크로 로로 보고	1. GOVERNMENT DOCTOR	

